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A Title III project provided a special education diagnostic and resource center designed to meet educational needs of the estimated 3.5% of severely handicapped children not reached in the Greater Wichita area. A staff of three coordinators, two psychologists, two social workers, four subject area consultants, and a peripatologist processed 990 referrals during the year. Staffings were conducted for 115 pupils by the diagnostic teams and 74 were placed in nine special supplementary classes (learning disabilities, hearing handicapped, emotionally disturbed, orthopedically handicapped, and mentally handicapped) at grade levels not served before. Class evaluations indicated successful improvement of students. Contracted medical services were received by 153 pupils, psychological services by 171. Attendance at the 17 inservice education programs for school personnel and parents totaled 1,443. School personnel and the 28 agencies in the area, supplementary class teachers and parents, and a random selection of parents and teachers indicated on questionnaires that they felt the objectives were attained, but some school and agency representatives thought the Center staff was not large enough for the in-depth services attempted for the geographic area. Parents felt adequately involved in their children's educational planning. (SN)

EVALUATION REPORT

Special Education Diagnostic And Resource Center Project

ESEA TITLE III

Unified School District 259
Wichita, Kansas
October, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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ESEA TITLE III EVALUATION REPORT

SPECIAL EDUCATION DIAGNOSTIC AND RESOURCE CENTER PROJECT

1966 - 67

Project No. 66-1090

Submitted to the U.S. Office of Education

By
Board of Education, Unified School District 259
428 South Broadway, Wichita, Kansas 67202

October 1967

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Wichita, Kansas

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Abstract of ESEA Title III Evaluation Report 1966-67

The Title III project provided for a diagnostic and resource center, special classes and supportive services for handicapped children and youth. Pupils referred by public and non-public schools and agencies in the project area were served. The project was aimed at bridging the gap between assessment of children and their educational treatment.

Both test and non-test sources of data were used in discovering the extent to which objectives were reached. Tests were used in assessing progress in academic achievement, mental maturity, and physical fitness. Records of various kinds, case histories, rating scales, and questionnaires were used to provide additional information.

Evaluative and diagnostic services were provided to facilitate the proper educational placement and therapy of handicapped children. Existing agencies and private practitioners were utilized on a contractual basis. The large number of referrals processed and the positive reactions of school personnel, parents, and agency representatives provided evidence of the value of these services. The reactions also indicated that a great deal of success was realized in involving parents, available clinics, and private practitioners in the formulation of individual educational programs.

The following supportive services were provided: the contracted services of clinical psychologists and physicians; in-service training programs; consultants in art, music, physical education, and resource materials; and counseling of parents, teachers, and pupils. Positive reactions regarding the effect of the services on pupils' educational progress were received from the majority of parents, teachers, and others who received them. The contracted psychological and medical services and the in-service training programs received the most favorable reactions.

Some supplementary classrooms provided by the project accommodated pupils who would not otherwise be able to attend public schools in the project area. Others served children who were being prepared for reentry into the regular school program. Reports by teachers and others revealed that most of the pupils improved in academic achievement, attitudes, work habits, and the ability to function effectively as members of groups. The results of standardized tests will be used as base line data for further evaluation of pupils in the program, including the fourteen pupils who had made sufficient progress to be phased back into regular classrooms.

Experimentation and demonstration have been limited to some extent by lack of appropriate facilities. Although few conclusive results are as yet available regarding the effectiveness of specific child study or child adjustment procedures, materials, or techniques, some emphasis is being placed on both their development and their evaluation. Findings will be disseminated as they are obtained. Some principals' and classroom teachers' reactions indicated that the project's in-service programs and consultative services have already had some positive effects on the regular programs in some schools. With improvements that have been made in facilities and equipment, such as one-way mirrors and video tape recorders, it seems reasonable to expect this effect to increase as the project is continued.

Overall, the project seems to have been highly successful in involving parents, practitioners, and school personnel in going beyond the diagnoses to the actual formulation of educational plans. It has demonstrated that special programs in a public school setting with supportive services can benefit pupils ordinarily not served in these schools. Other special programs enabled some pupils to improve sufficiently so that reentry into the regular classrooms was recommended. The Center provided a means for parents and school personnel to make full use of existing agencies in the area in meeting the special needs of handicapped children while keeping the major emphasis on their education.

INTRODUCTION

The Title III project in Wichita provided for a special education diagnostic and resource center designed to coordinate school and community services to handicapped children and youth. The activities of the project were directed toward (1) creating an awareness - of - need for appropriate programs throughout the service area, (2) developing highly specialized diagnostic supportive services, (3) establishing supplementary programs for out-of-school handicapped pupils, and (4) implementing a continuous experimental and evaluative program.

Handicapped children and youth included persons ages 3-21 who were educationally, mentally, emotionally, socially, or physically impaired to the extent that progress in existing programs was inadequate or that continued enrollment was detrimental to either the pupil's or school's best interests. Diagnostic services included extensive psychological, medical, and social evaluations. Counseling, consultative, and therapeutic activities designed to enhance the progress of pupils in regular and special education programs comprised the supportive services. Supplementary classroom programs were provided in the following areas of exceptionality: hearing handicapped, trainable mentally retarded; orthopedically handicapped; emotionally disturbed and socially maladjusted; and unusual learning disabilities.

The geographic area served by the project was comprised of nineteen public school districts with a combined enrollment of approximately 100,000 children. All of Sedgwick County and small areas in six adjacent counties were included. Services were available to children from both public and nonpublic schools and agencies in this area.

NEEDS

Deficiencies in educational and training programs for certain handicapped children and youth were identified. It was estimated that 3.5% of the school age children in the Greater Wichita Area were in need of special services not being provided. Many handicapped children had to be referred to a diagnostic center located in the northeastern corner of the state and/or institutionalized at the expense of the state and parents. Specific educational needs were as follows:

1. Additional professional assistance for emotionally disturbed school age children.
2. More adequate investigation of problems related to learning disabilities and educational maladjustment.
3. Additional provisions for educable and trainable mentally retarded.
4. Additional school programs for physically handicapped children.

OBJECTIVES

1. To provide evaluative and diagnostic services to facilitate the proper educational placement and therapy of handicapped children and youth.
2. To provide supportive services to enable handicapped children and youth to enter, remain in, or reenter appropriate educational or training programs.
3. To provide supplemental programs for severely handicapped children and youth.
4. To discover effective child study and child adjustment procedures for handicapped children and youth.

PROCEDURES USED IN STRIVING FOR OBJECTIVES

A Special Education Diagnostic and Resource Center was establised in an existing structure previously used as a school building. The following professional positions were filled: center coordinator; coordinator, psychologically handicapped; coordinator, physically handicapped; psychologist (two positions); social worker (two positions); music consultant; art consultant; physical education consultant; resource materials consultant; and peripatologist.

A referral system was developed, and evaluative and diagnostic services were made available to school pupils and out-of-school youth referred to the Center by private or public school officials and other agency representatives. Background information was compiled, and children were brought to the Center where staff psychologists and consultants administered tests and made their evaluations.

After a client had been evaluated, an educational plan was formulated. The plan included recommendations for placement, therapy, and supportive services. Children who apparently could not be adequately accommodated in regular or special educational programs already in existence locally were recommended for placement in supplementary classroom programs provided as a part of the project. Supplementary classroom programs established were as follows: learning disabilities at primary, middle grade, and junior high school levels; hearing handicapped at preschool and primary grade levels; severely orthopedically handicapped, secondary school age; trainable mentally handicapped, secondary school age; and emotionally disturbed, middle grades and junior high school levels. Specially-trained teachers and classroom aides were placed in the classrooms. Instruction geared to individual pupil needs was provided with supportive services provided by Center staff members.

In addition to providing supportive services to teachers and pupils in the supplementary classrooms, Center staff members served pupils, parents, and teachers other than those involved in the supplementary classroom programs. The supportive services included the following: in-service growth programs; counseling for pupils and parents; consultative services in art, music, physical education, speech, and mobility and orientation; and resource materials. Contracted medical and psychological service was an additional supportive service in cases where parents were unable to pay for such service without assistance.

Evaluation of the effectiveness of instructional methods and materials was a part of the project. Supplementary classroom teachers and regular classroom teachers were encouraged to experiment with, and evaluate the effectiveness of, techniques and instructional materials developed by themselves, by the consultants, and in in-service training programs. The use of appropriate equipment items and instructional materials already developed was encouraged.

EVALUATION

The evaluation of the Special Education Diagnostic and Resource Center project involved determining its effect upon the following: (1) diagnostic and supportive services for appropriate placement and educational planning; (2) educational growth and personal adjustment of the clients of the Center; (3) ability of parents and youth to attain the goals of education; and (4) the development of innovative and/or exemplary methods and procedures.

Both test and non-test sources of data were used in evaluating project activities. Test results were used in acquiring base line data, in measuring growth in physical fitness, and in measuring progress in basic academic skills. Non-test sources were used to secure participation statistics, information about pupil growth and adjustment, and reactions of persons. The following sources were employed in obtaining evidence of program effectiveness:

1. Evaluative and diagnostic services
    a. Records of referrals, staffings, pupils placed in supplementary classrooms, and contracted services.
    b. Surveys of reactions of parents, school personnel, and representatives of participating agencies.
2. Supportive services
    a. Records pertaining to in-service education programs, materials and supplies, pupils receiving supportive services, and anecdotal information.
    b. Surveys of reactions of parents, school personnel, Center staff, and representatives of participating agencies.
    c. Samples of classwork kept by consultants.
3. Supplementary classroom programs
    a. Records of pupils placed in the classrooms and of pupils phased out.
    b. Case histories of selected pupils.

   - c. Samples of classwork.
   - d. Anecdotal information.
   - e. Activities rating scales.
   - f. Selected standardized tests.
   - g. Surveys of reactions of parents, school personnel, and representatives of participating agencies.

4. Development and evaluation of procedures and materials.
   - a. Records of requests for information, Center visitors, and information disseminated.
   - b. Surveys of reactions of teachers, principals, and agency representatives.
   - c. Studies conducted by teachers and consultants.

The evaluation of the programs for pupils was limited in two respects: (1) limited control procedures - groups were small, and pupil characteristics were atypical, and (2) lack of appropriate measuring instruments and norms for handicapped children.

The evaluation of the evaluative and diagnostic services, supportive services, supplementary classroom procedures, development of procedures and materials, are presented in subsequent sections of the report. Included for each are the objectives, procedures, evaluation strategy, presentation and interpretation of data, and comments about the results. A summary with general comments about the projects effectiveness follows. Non-standardized data-gathering instruments are presented in the Appendix.

EVALUATIVE AND DIAGNOSTIC SERVICES

Surveys of the schools and agencies in the project area found that hundreds of pupils had physical, mental, or emotional handicaps that were seriously impairing their educational development. To try to teach these children without attempting to make provisions for their disabilities could compound their basic problems. One of the objectives of the project was that every client should undergo a complete diagnostic evaluation. A referral system was developed in order to make the services provided by the Center available to all the schools and agencies in the project area.

OBJECTIVES

1. To obtain information needed to formulate an educational plan.
2. To evaluate all available information and recommend supportive services, placement, and procedures.
3. To involve parents, teachers and others concerned in the formulation and implementation of the recommendations.

DESCRIPTION

The evaluative and diagnostic services were available to pupils or out-of-school youth referred to the Center by private or public school officials, the Juvenile Court, or any other agency or institution in the project area requiring intensive child study services. The availability of this service was publicized through appropriate news media and direct communications to all schools and agencies in the project area. Once a referral was received by the Center, the case was assigned to a single staff member who coordinated the entire evaluation and was responsible for continued supervision of the case. Social workers and other staff members interviewed the parents and appropriate personnel from the sending school or agency and observed the client in his home or school environment.

When sufficient background information had been compiled, the client was brought to the Center where the staff psychologists and consultants could administer appropriate tests and make their evaluation. Due to the various handicaps and limitations of some of the clients, a single valid and reliable test with appropriate standardization was usually not available to measure ability or achievement. For this reason results from many tests or parts of them were usually utilized. The observations and the overall evaluation made by the examiner were relied upon as well. When they were needed, specialized diagnostic services were purchased in cooperation with the parent, health and welfare agencies, and/or the Juvenile Court. For medical problems consultation was obtained from the family physician of the client or the physician of his parents' choice. For psychological consultation and services any one of nine different clinical psychologists and psychiatrists were available from the participating agencies and private practice.

Appropriate staff members were assigned to each case according to the severity and type of handicap. After enough information had been obtained and evaluated, an educational plan for the client was formulated. The plan included recommendations for placement, therapy, and supportive services. The counseling and consultation that was necessary to implement the plan was begun with the client, parents, teacher, and others who would be working with the client.

For all clients who were placed in one of the supplementary classrooms and others whose disabilities were severe enough to warrant it ("severe enough" determined by time available), the preplacement diagnosis and evaluation ended with a formal staffing. Present at the staffing were the Center staff members working on the case, including social worker, psychologist, consultant and coordinator; the teachers and any other appropriate personnel, such as, principal, counselor, psychologist, and nurse from the sending and receiving schools; and a reactor who was usually a clinical psychologist or psychiatrist from one of the participating agencies or a medical doctor who was consulting on the case. The staffing included a summary of the psychological and physical evaluation, a summary of the social history, and a report from the sending school. These were followed by questions and discussion among all participants. The discussion was followed with comments by the reactor and finally recommendations for an actual program were made.

Since the Center did not have unlimited capacity and resources, a screening procedure was utilized to assure diagnosis in depth for a reasonable number of clients and the processing of all referrals received by the Center. Once the referral was processed, whether or not the diagnosis was given in depth, continuous observation and evaluation of the progress of the pupil was made by the parents, receiving teacher, and other appropriate personnel of the receiving school or agency and the Center. This continuous observation and evaluation governed the reassignment of the pupil or modification of the recommended program.

EVALUATION STRATEGY

The extent of attainment of objectives relating to recommendations for services, placement, and procedures can be evaluated in part by the amount of improvement shown by the pupils for which these recommendations were made and carried out. For this first year of the project, this kind of follow-up has largely been limited to pupils who were placed in the supplementary classrooms. Descriptions of these classrooms and various kinds of data for the individual pupils are included in the section of this report that deals with the supplementary classrooms. A more direct attempt to discover the extent to which the objectives related to evaluation and diagnosis have been attained has been made through the information obtained from the sources listed in the schedule below.

Time	Source	Kinds of information
Throughout the year	Records kept by the Center	Number of referrals Number of staffings Number and cost of contracted services Number of pupils placed in special classrooms
May	Questionnaires	Reactions of principals, parents, teachers, counselors, nurses, staffing reactors, and representatives of participating agencies

During May questionnaires were sent to all or nearly all members of each of the following groups: supplementary classroom teachers, staffing reactors, school nurses in the project area, school psychologists and counselors in the project area, school principals in the project area, and parents of children in the supplementary classrooms. Questionnaires were also sent to a random sample, stratified according to type of referring school or agency, of sixty parents of children who had been referred to the Center for diagnosis and evaluation but were not placed in the supplementary classrooms; to a random sample, stratified according to type of school, of 100 teachers who had had pupils referred to the Center or had had some other experience with the project; and to the representatives of twenty-eight agencies in the project area.

The questionnaires utilized were developed by the Research Department of the Wichita Public School System and were reviewed and approved by the Contracts Branch of the United States Office of Education. Copies of the questionnaires are presented in Appendix A.

PRESENTATION OF EVALUATIVE DATA

Data resulting from the schedule outlined above is presented in the following series of tables.

TABLE 1

NUMBER OF REFERRALS PROCESSED AND EVALUATED
JULY 1, 1966 - JUNE 30, 1967

School or Agency	
Wichita Public Schools	616
Public Schools Outside Wichita	177
Parochial Schools	128
Private Schools	32
Other Agencies	37
Total	990

Records kept by the Center show the number of referrals processed and evaluated during the first year of the project to be 990. Table 1 shows the number of pupils referred according to the type of school or agency making the referral. Seventy-four of these pupils were placed in the special supplementary classrooms that are part of the project. The kinds and levels of classrooms are listed in Table 2 along with the number placed in each classroom. Four pupils were transferred from one supplementary classroom to another when further evaluation indicated a different placement might be advantageous to the child's progress. Numbers under "transferred or withdrawn" include those pupils who were phased back into regular classrooms as well as those who moved away or transferred from the special classrooms for other reasons, such as transportation problems, etc. "Maximum number in class" refers to the greatest number of pupils who were enrolled in the class at any one time during the entire year.

TABLE 2

NUMBER OF PUPILS PLACED IN SUPPLEMENTARY CLASSROOMS

Class	Number Placed	Number transferred or withdrawn	Maximum number in class	Number in class at end of year
Preschool Hearing Handicapped	10	6	7	4
Primary Hearing Handicapped	8	3	6	5
Severely Orthopedically Handicapped	5	2	5	3
Trainable Mentally Handicapped	8	1	8	7
Learning Disabilities Junior High Level	11	4	9	7
Learning Disabilities Elementary, Level II	11	2	9	9
Learning Disabilities Elementary, Level I	11	2	9	9
Emotionally Disturbed Elementary	11	3	8	8
Emotionally Disturbed* Junior High Level	3	0	3	3
Total	78**	23**	64	55

*Class not opened until March 1967.

**Includes 4 pupils who were placed in one supplementary classroom then transferred to another supplementary classroom.

One method utilized to disseminate the results of the diagnosis and evaluation of an individual pupil was a formal staffing involving the diagnostic team assigned to the case, in some cases a clinical psychologist, and personnel from the sending and receiving schools or agencies. Table 3 shows that 115 such staffings were conducted by diagnostic teams, 77 of which included a clinical psychologist as reactor. Thirty-two of the fifty-five pupils in the supplementary classrooms at the end of the school year were restaffed and evaluated by an evaluative committee made up of the diagnostic team on the case and the teacher, principal, and counselor from the classroom and school where the pupil had been placed. These thirty-two pupils were pupils who had been placed in the learning disability or emotionally disturbed classrooms. As can be seen in Table 3, ten were recommended to be enrolled back into regular classrooms at the beginning of the 1967-68 school year while twenty-two were recommended for continued placement in the supplementary classrooms of the Title III project.

TABLE 3

STAFFING AND RESTAFFING

The number of students staffed by clinical psychologists	77
The number of students staffed by the diagnostic team	38
The number of students staffed into Title III classrooms	64
The number of students restaffed and evaluated at the end of the school year	32
The number of students that the evaluative committee recommended to remain in Title III classrooms for the 1967-68 school year	22
The number of students that the evaluative committee recommended be enrolled back into regular classrooms	10

The numbers of pupils for whom medical and psychological services were purchased by the Center are shown in Table 4. These services have been a part of the diagnosis and evaluation only in some cases, and have been continued as part of the recommended supportive services in others. Costs shown in Table 4 are for all medical and psychological services purchased for individual pupils by the Center during the first project year, July 1, 1966 to June 30, 1967.

The numbers and percentages of return for each group who received questionnaires about the project are shown in Table 5. The low percentage of return for some of the groups limits the inferences that can be made about the reactions of those groups as a whole. It appears, however, that much of the lack of response is due to unfamiliarity with the project. This might be expected due to the size of the project area and the newness of the project. Since the responses received seem to represent those persons in each group who are most familiar with the project, it is reasonable to assume that they give some valid information about the extent to which the objectives have been attained. This plus the fact that the survey results are analyzed together with other kinds of data should offset to some extent the bias resulting from the incomplete return.

Members of each of the groups mentioned in the evaluation strategy received a single questionnaire containing questions related to all the various components of the program with which they might be familiar. For purposes of reporting the results, however, the questionnaires are being separated and only the responses pertaining to the particular component being discussed are included in each section of this report.

TABLE 4

CONTRACTED SERVICES

	Medical	Psychological	Total
Number of pupils	153	171	324
Number of physicians	55		55
Number of dentists	2		2
Number of clinical psychologists		8	8
Cost	$16,689.95	$43,552.75	$60,242.70

(Note: Information in this table also appears in Table 22)

TABLE 5

NUMBER AND PERCENT OF QUESTIONNAIRES RETURNED

Group	Number Sent	Number Returned	Percent Returned
Teachers			
Supplementary Classrooms	9	9	100%
Other	100	53	53%
Total	109	62	57%
Principals	154	104	68%
Parents			
of pupils in supplementary classrooms	54	28	52%
Other	60	19	32%
Total	114	47	41%
Agency Representatives	28	15	54%
Staffing Reactors	7	5	71%
School Psychologists and Counselors	95	58	61%
School Nurses	58	28	48%
Total	565	319	56%

The N or number used as the base for computing percentages in each of the following tables is the number of persons returning the questionnaire. Numbers listed under "No Response" in the tables refer only to those who returned the questionnaires but did not respond to the particular question being reported. They do not include those who did not return the questionnaires. It was expected that not all members of all groups would have sufficient experience with each of the project components mentioned in their questionnaire to make a rating or give a reaction on each one. It seemed advisable to question as many persons as possible and ask them to respond only to the questions that pertained to components with which they were familiar, rather than to limit the groups to those persons familiar with all components of the project.

Questions 1, 2, and 9 on the questionnaires to teachers dealt with information and recommendations that the teachers received as a result of the diagnosis and evaluation of an individual pupil. Table 6 shows the responses to these questions by teachers in the project's supplementary classroomsand a random sample of other teachers in the project area. The responses to questions 1 and 2 indicates that nearly every teacher who received information or recommendations considered them of some help, and all but about ten percent considered them of more than a little help. It can also be seen in Table 6 that the majority of responses to question 9 under "Least Beneficial" dealt with things that were lacking or incomplete. It may be significant that the responses under "Most Beneficial" outnumber the responses under "Least Beneficial" forty-two to sixteen.

TABLE 6

RESPONSES OF TEACHERS REGARDING THE EVALUATIVE AND DIAGNOSTIC SERVICES

Question Number 1. How would you rate the information that you received from the Center concerning individual children?

	% of Teachers Giving Each Response		
	Supplementary Teachers	Other Teachers	Total
Response	N = 9	N = 53	N = 62
Very Helpful	33%	23%	24%
Helpful	33%	19%	21%
Of Little Help	11%	9%	10%
No Help	0	0	0
Detrimental	0	0	0
Did Not Receive Any	23%	41%	38%
No Response	0	8%	6%

TABLE 6 (CONT.)

Question Number 2. How would you rate the recommendations and educational plans formulated by the Center staff for each child?

	% of Teachers Giving Each Response		
	Supplementary Teachers	Other Teachers	Total
Response	N = 9	N = 53	N = 62
Very Helpful	11%	15%	14%
Helpful	33%	19%	21%
Of Little Help	11%	9%	10%
No Help	0	2%	2%
Detrimental	0	0	0
Did Not Receive Any	33%	45%	43%
No Response	11%	9%	10%

TABLE 6 (CONT.)

Question Number 9. What parts of the information, evaluation and recommendations concerning the individual pupils do you feel a) were most beneficial? b) were least beneficial?

Non Title III Teachers N = 53

Response	Number of Teachers* Giving the Response
a. most beneficial	
1. Total evaluation	10
2. Recommendations for special materials or procedures	8
3. Consultation with Center Personnel	5
4. Home visitation by social worker	1
5. Does not apply or no response	31
b. least beneficial	
1. Recommendations	3
2. Information	2
3. Delay of feedback	2
4. Follow-up action such as placement	2
5. Lack of communication with teacher	1
6. Does not apply or no response	31

* Some teachers gave more than one response on each part.

TABLE 6 (CONT.)

Question Number 9. (continued).

Supplementary Classroom Teachers N = 9

Response	Number of Teachers* Giving the Response
a. most beneficial	
1. Case histories and background information	6
2. Psychological work-ups and medical reports	5
3. Specific information about pupils, such as academic level, interests, personal habits	4
4. Staffings	3
5. Did not receive enough information to know	2
b. least beneficial	
1. Incomplete case history or evaluation	2
2. Previous achievement norms or grades	2
3. Lack of follow-up	1
4. Teacher conflicts with child	1
5. No response	4

* Some teachers made more than one response on each part.

Responses to the first four questions on the questionnaires to the school principals in the project area are presented in Table 7. All four items received favorable ratings with recommendations for special procedures, techniques, and materials receiving a slightly lower rating than the other three. Item 4 pertains directly to the objective regarding parental involvement. Responses to it indicate that a majority of principals who had experience with it felt it was "Helpful" or "Very Helpful," although some rated it "Of Little Help" and a few rated it "No Help."

Items 1, 2, 3, and 5 on the questionnaires to parents pertain to the diagnosis and evaluation of individual pupils at the Center and question 14 refers to the parent's participation in the formulation of an educational plan for their child. The responses to these items are shown in Table 8. The high percentages under "Did Not Receive Any" and "No Rating" are surprising since only the parents of children placed in the supplementary classrooms and sixty parents of children referred to the Center but not placed in the supplementary classrooms received questionnaires. That is, questionnaires were sent only to parents of children that had been referred to the Center and whose referral had been processed. Less than ten percent of those responding gave ratings of "Of Little Help" or "No Help" for items 1-4, and no one rated them as detrimental. The attitude and cooperation of the Center personnel received a very high rating. Results of question 14 show that a large majority of those parents who responded indicated that they had been adequately involved in the formulation of their child's educational plan.

TABLE 7

RESPONSES OF SCHOOL PRINCIPALS REGARDING THE EVALUATIVE AND DIAGNOSTIC SERVICES

N = 104

Question	Percentage of Principals Giving Each Response						
How would you rate the following services provided by the Special Education Diagnostic and Resource Center in terms of their value in meeting the special needs of handicapped children in your school?	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	No Experience With It	No Response
1. Diagnostic evaluation of pupils referred to the center.	31%	41%	6%	3%	0%	12%	7%
2. Recommendations for placement following the evaluation.	23%	36%	13%	3%	0%	18%	7%
3. Recommendations for special procedures, techniques, or materials following evaluation.	14%	29%	14%	5%	0%	31%	7%
4. Parental involvement in formulating an educational plan for their handicapped child.	16%	30%	11%	3%	0%	33%	7%
Average of all four questions	21%	34%	11%	3%	0%	24%	7%

TABLE 8

RESPONSES OF PARENTS REGARDING THE EVALUATIVE AND DIAGNOSTIC SERVICES

N = 47

Question	Percentage of Parents Giving Each Response						
How would you rate the following items regarding the Special Education Diagnostic and Resource Center?	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Rating
1. The information that you obtained as a result of your child's evaluation at the Center	21%	33%	6%	4%	0%	17%	19%
2. Interviews with the Center's social worker.	19%	26%	2%	4%	0%	28%	21%
3. Information about available programs for your child.	26%	17%	4%	4%	0%	23%	26%
5. Attitude and cooperation of the Center Personnel.	51%	17%	0%	2%	0%	11%	19%
Average of all four questions	29%	23%	3%	4%	0%	20%	21%

Question Number 14	Yes	No	No Response
Do you feel you were allowed to participate as much as you should in the formulation of your child's educational plan?	60%	9%	31%

Representatives of twenty-eight different agencies in the project area were asked to give their opinions regarding the attainment of the four broad objectives of the overall project. Table 9 shows their responses regarding the objective to provide diagnostic and evaluative services for handicapped children in the project area. Except for the fact that a few felt the Center and its staff were too small to meet the total need for this service in the project area, most of the representatives that responded indicated that this objective had been well attained.

The clinical psychologists who participated in the staffings were asked to respond to the questions presented in Table 10. Responses shown in Table 10 contain the responses of one reactor who indicated on the questionnaire that he had attended only one staffing and did not have sufficient information about the pupil being staffed. He gave a rating of "poor" for question one and for all items on question two. The ratings of the other staffing reactors were quite favorable on recommendations, such as recommendations for special procedures or supportive services. Although it may be more indicative of human nature rather than the quality of the staffings, Table 10 shows that the reactors mentioned more than twice as many major strengths than they did major weaknesses for the staffings they attended. Two reactors listed no major weaknesses at all.

Table 11 shows the responses to the first two questions on the questionnaire to counselors. Most frequently mentioned problems were the referral form and referral procedure and a lack or delay in communication after a referral had been made. A majority of those who indicated they had received reports rated them from helpful to excellent,

TABLE 9

RESPONSES OF AGENCY REPRESENTATIVES REGARDING THE EVALUATIVE AND DIAGNOSTIC SERVICES

Question Number 1. To what extent do you feel the Special Education Diagnostic and Resource Center has attained or failed to attain the objective: To provide evaluative and diagnostic services to facilitate the proper educational placement and therapy of handicapped children and youth?

N = 15

Response	Number of Representatives Giving the Response
The Center has apparently attained this objective.	7
Failed only in the number of referrals handled. Recommend additional staff and stations.	3
Diagnosis incomplete. In a diagnostic center all children should receive a complete battery of tests: physical, psychological, educational, hearing, speech, and psychiatric if referral was for a behavior problem.	1
No response.	4

TABLE 10

RESPONSES OF STAFFING REACTORS REGARDING THE REFERRAL STAFFINGS

N = 5

Question Number 1. How would you rate the staffing procedure as a method for disseminating results of a diagnostic evaluation and making recommendations to the receiving school personnel?

Response	Number Giving Each Response
Very Good	2
Good	1
Fair	1
Poor	1
Very Poor	0

Question Number 2. How would you rate the staffings in which you were reactor as to the adequacy and accuracy of the diagnosis and evaluation for:

	Very Good	Good	Fair	Poor	Very Poor
a. classroom placement	2	2	0	1	0
b. recommendations for receiving teacher	1	1	1	2	0
c. recommendations to other personnel of the receiving school	1	0	2	2	0
d. supportive services recommended such as art, music, physical education, special materials etc.	1	1	2	1	0

TABLE 10 (CONT.)

Question Number 3. What (if any) were the major strengths of the staffings you attended?

Response	Number Giving The Response*
Staffing participants had vital interest in the welfare of the child	2
High quality of psychological testing and interpretation	1
The utilization of supportive services for each child	1
Well organized	1
Well defined problems	1
Wide variety of information available for immediate implementation of programs for child	1
Teachers and other personnel were allowed to express some resentments and frustrations	1

* Some reactors gave more than one response to this question.

Question Number 4. What (if any) were the major weakness of the staffings you attended?

Response	Number Giving The Response
Services needed and recommendations made were inadequate	1
Reactor was not familiar with the individual being staffed	1
Staffing unsatisfactory as a means of giving meaningful recommendations to teachers and other school personnel	1
None	2

TABLE 11

RESPONSES OF COUNSELORS REGARDING THE EVALUATIVE AND DIAGNOSTIC SERVICES

Question Number 1. Describe any problems or suggestions for improvement related to the referral process for referring handicapped pupils to the Special Education Diagnostic and Resource Center.

N = 58

Response	Number Giving The Response*
No problems	17
Referrals okay and prompt	7
Need new referral procedure (particularly the form)	12
No feedback or too much delay between referral and feedback	14
More personnel needed to handle evaluations	2
Orientation to kinds of service needed	1
No response	10

* Some counselors gave more than one response to this question.

TABLE 11 (CONT.)

Question Number 2. What are your opinions regarding the completeness, accuracy, and usefulness of the information that you have received for individual pupils as a result of their diagnostic evaluation at the Center?

N = 58

Response	Number Giving The Response
Excellent	4
Very good	6
Good	4
Helpful	4
Inadequate	2
Very poor	1
Too much delay	7
More details or recommendations needed	4
More two-way communication needed	1
Did not receive any reports	17
No response	8

while several indicated there was too much delay or the reports were incomplete for their purpose.

Responses of school nurses to the same two questions asked the counselors regarding the diagnostic and evaluative service are shown in Table 12. The communication delay is also mentioned by some of the nurses. Their responses seem to indicate, however, that in many cases the school nurse is not involved in the referral process nor does she receive information about the results of the pupil's diagnosis and evaluation.

TABLE 12

RESPONSES OF SCHOOL NURSES REGARDING THE EVALUATIVE AND DIAGNOSTIC SERVICES

Question Number 1. Describe any problems or suggestions for improvement related to the referral process for referring handicapped pupils to the Special Education Diagnostic and Resource Center.

N = 28

Response	Number Giving The Response
No problems	9
Nurses not involved in the referral process	5
Sending school needs status report on referral	1
Need better communication of findings and suggestions	1
Nurse should be informed when referral is made	1
Complete physicals needed on referrals with report sent to nurse	1
Referral process takes too long	1
Misunderstanding with social worker	1
No response	8

TABLE 12 (CONT.)

Question Number 2. What are your opinions regarding the completeness, accuracy, and usefulness of the information that you received for individual pupils as a result of their diagnostic evaluation at the Center?

N = 28

Response	Number Giving The Response*
What I received was complete and useful	1
Favorably impressed with staffings	1
Good follow-up	1
Too much delay	1
Teachers are already aware of information	1
Duplicate reports or other form of communication needed between all concerned	5
Did not receive any reports	16
No response	7

* Some nurses gave more than one response to this question

COMMENTS

Tables 1 - 4 show the large numbers of pupils who were served in the first project year. Even so, a few of the responses in Tables 9 and 11 indicate that some agency representatives and counselors see the need for this kind of service in the project area as being too great for the present number of personnel and facilities at the Center to meet. In addition, Tables 6, 9, 10, 11, and 12 show a few teachers, agency representatives, clinical psychologists, counselors, and school nurses asking for more written reports, more detailed recommendations, a more complete follow-up, more extensive testing, and other kinds of in-depth diagnosis or follow-up on individual cases.

That a large majority of the teachers, parents, and principals who have received information or recommendations for individual pupils have considered them "Helpful" or "Very Helpful" is shown in Tables 6 - 8. It is evident from these tables that no one who returned the questionnaires considered the diagnostic and evaluative service "Detrimental" to a child and relatively few rated them as being of "No Help" or "Of Little Help."

The response to question 14 shown in Table 8 indicated that most parents who responded felt that they were adequately involved in formulating their child's educational plan. In Table 7 the response to item 4 indicates that the majority of principals who had experience with it considered this parental involvement helpful. Teachers, principals, counselors, and occasionally other personnel have been involved in the planning through interviews and attendance at the staffings. That this involvement has been valuable is evidenced by the high ratings given to the information resulting from it.

Tables 6 and 9 - 12 also contain responses to open ended questions regarding strengths, weaknesses, and suggestions for improvement of the diagnostic and evaluative services. Overall the responses seem to indicate that the majority of persons surveyed feel that extensive progress has been made toward each of the three objectives: (1) to obtain information needed; (2) to evaluate the information and formulate an educational plan with recommendations for procedures, services, and placement; and (3) to involve the parents, teachers and others concerned in this process. Most frequently mentioned weaknesses or suggestions for improvement relate to delay following initial referral and communication problems between personnel involved. Both of these problems probably result in part from the newness of the project and the large number of referrals processed.

SUPPORTIVE SERVICES

Depending upon the nature of his handicap, certain supportive services are often necessary to enable the handicapped child to enter, remain in, or reenter regular or specialized educational and training programs. The second major objective of this project was to provide these supportive services for parents, teachers, and pupils in the project area. The major components of the supportive service program were: in-service growth programs; counseling for both parents and pupils; special consultants in the areas of art, music, speech, health and physical education, and mobility and orientation; and the materials and resource center. The information obtained through the diagnostic and evaluative services was made available to parents and teachers when it was related to their understanding and implementing the recommendations for a pupil.

OBJECTIVES

1. To provide for parents
    a. Consultation concerning pupil needs and available programs
    b. Individual and group counseling
    c. Educational and informational programs
    d. Involvement in planning and operation of programs
2. To provide for teachers
    a. In-service growth programs
    b. Materials and resource center
    c. Consultation concerning curriculum and instruction, special methods or techniques, the pupil, and the parent
3. To provide for pupils
    a. Interpretation of evaluative and diagnostic data

   b. Placement in appropriate educational or training programs

   c. Personal, educational, and vocational counseling

4. To provide specialized supportive services for both the regular classrooms and the supplemental programs in the fields of art, music, speech, health and physical education, and mobility and orientation for the visually handicapped.

DESCRIPTION

The in-service programs were of many types. They varied from a single teacher demonstrating to another a technique that she had used successfully, to an in-service training session with an expert in a particular area or technique in special education, or from the regular weekly advice and help of a specialist in a particular phase of the program, to occasional use of some special equipment or materials, available with instruction in their use, from the materials center. At the beginning of the project a committee on in-service training was appointed. The committee sent a questionnaire to teachers, counselors, school psychologists, and administrators in the project area to determine their preferences as to particular areas of interest and time and type of meetings. The program they developed has included such activities as visiting rehabilitation units and psychiatric clinics, exchange teaching for both regular and special teachers, workshops and demonstrations of particular techniques and procedures, and lectures. Many of these activities were conducted by the regular staff at the Center. Others were enhanced by bringing in a consultant, known for his expertise in a particular area of special education, to lecture or give a demonstration. The regular consultants on the Center staff in the areas of art, music, and physical education played an important role in the in-service training. In addition to working regularly with all the teachers in the special supplementary programs they visited schools in the project area and worked with pupils and teachers in regular classrooms. For example, the art consultant spoke to groups of regular teachers showing films of handicapped pupils at work under her direction in a supplementary classroom, displaying samples of work they had done, and distributing and discussing sample lesson plans so that the regular teacher could use some of the same techniques and procedures if needed for pupils in her own class. Similarly, the music and physical education consultants gave demonstrations of techniques and procedures in their fields to teachers in self-contained classrooms and to music and physical education teachers who needed training in the special needs of handicapped pupils.

Counseling was one of the most important components of the program. Consultation was provided for the parents concerning the needs of the pupil and the available programs. Both individual and group counseling was utilized. Parents were urged to come to the Center whenever they wished and consult members of the staff. Educational and informational programs aimed at coping with the special problems of the handicapped child were provided. Every effort was made to involve the parents in the planning and operation of programs. Individual counseling for pupils was provided with the Center staff working in cooperation with the school psychologist, counselor, and teachers of the school where the pupils were attending. An experimental group counseling program was set up for a group of pupils with various learning difficulties in one of the junior high schools in a disadvantaged area.

In addition to their responsibilities in the in-service program the consultants for art, physical education, and music visited the supplementary classrooms weekly. During these weekly sessions in each of the supplementary classrooms they helped the teachers with demonstrations and lesson plans for special activities and procedures geared to the needs of handicapped pupils. They also participated in the evaluations and staffings for individual pupils, making recommendations related to their respective areas.

A Teacher Consultant Mobility Specialist was employed by the Center. His responsibilities included organizing and promoting the services available through the Wichita Regional Library for the visually handicapped and blind. He also promoted and implemented improved physical development programs for the visually handicapped in area schools by working with physical education instructors in the schools and with the regular teachers where pupils were in self-contained classrooms. This work included interpreting the needs and goals in physical development leading up to mobility for the visually handicapped pupil, and making materials available in schools not served by a resource teacher for the visually handicapped. This specialist also provided mobility instruction both in the school and neighborhood for the visually handicapped pupils in the area.

A materials and resource library containing current professional information as requested and recommended by members of the staff, expendable materials, and audio-visual equipment was provided at the Center. A Resource Consultant was available. Her responsibilities included operation of the library, consultation with teachers and parents of exceptional children and organization of workshops and other in-service activities related to better utilization of available materials. The consultation was in regard to services, materials, and equipment available at the Center (or many times in the pupil's present school) that could be utilized by parents and teachers to identify and cope with the special needs of exceptional children.

Another supportive service provided by the project was the contracting of medical and psychological services when they were needed for a pupil whose parents were unable to pay for them without assistance.

Participation in professional activities related to special education and exceptional children by Center personnel and teachers, counselors, nurses, administrators, and others from schools and agencies in the area was encouraged. The Center staff and teachers in the project area have been active in professional activities. Where possible some of the expenses were defrayed with project funds, but much of the participation in these activities has been at the individual participants own expense. Some of the meetings and activities participated in include local, state, regional, and national CEC meetings, the National Conference of the Association for Children's Learning Disabilities, American Speech and Hearing Conference, Regional Speech and Hearing Conference, and National Art Education Association Conference. Full use was also made of available agencies with teachers and members of the Center staff attending tours and training sessions at the Children's Rehabilitation Unit at the Kansas University Medical Center, St. Joseph Hospital and Rehabilitation Center, Wichita Guidance Center, Wichita Psychiatric Clinic, Riordan Psychiatric Clinic in Wichita, and the Institute of Logopedics in Wichita.

EVALUATION STRATEGY

Since the specific objectives for the supportive service component of the project are stated in terms of services to be provided, the extent of their attainment can be measured in part by the number and quality of the services that were provided. The effectiveness of the services for pupils would be reflected to some extent by the progress of the pupils who received them, but the present project design does not lend itself to separating the effect of the supportive services from the effects of other independent variables. The project proposal suggests that some comparisons should be made between the progress of pupils placed in the supplementary classrooms and the progress of pupils with similar handicaps placed in regular classrooms and provided various supportive services necessary for them to maintain regular placement. This type of comparison has not been made during the first project year, but a variety of baseline data has been obtained both for pupils in the supplementary classrooms and others. It appears that some comparisons of this kind will be possible next year.

In order to discover the extent to which the objectives related to supportive services were attained during the first year of the project, various types and sources of data, collected according to the following schedule, were utilized.

When Used	Source	Kinds of Information
Throughout the year	Records kept by Center	Number attending in-service programs Amount of materials and supplies provided through the Resource Library Number of visually handicapped pupils receiving mobility instruction

When Used	Source	Kinds of Information
May	Anecdotal records kept by coordinators and consultants at the Center	Anecdotes kept during the year that related to the objectives
May	Questionnaires	Reactions of principals, teachers, parents, counselors, school nurses, representatives of participating agencies, and Center personnel
Throughout the year	Samples of classwork	Periodic examples of art work by individual pupils
Nov. & May	AAHPER Physical Fitness Test	Measure of physical fitness

During May questionnaires were sent to all or nearly all members of each of the following groups: supplementary classroom teachers, school nurses in the project area, school psychologists and counselors in the project area, school principals in the project area, parents of children in the supplementary classrooms, and the Center staff. Questionnaires were also sent to a random sample, stratified according to type of referring school or agency, of sixty parents of children who had been referred to the Center for diagnosis and evaluation but were not placed in the supplementary classrooms; to a random sample, stratified according to type of school, of one hundred teachers who had had a pupil referred to the Center or had had some other experience with the project; and to the representatives of twenty-eight agencies in the project area. The questionnaires were developed by the Research Department of the Wichita Public Schools and were reviewed and approved by the Contracts Branch of the United States Office of Education. Copies of all questionnaires are included in Appendix A.

PRESENTATION OF EVALUATIVE DATA

Persons attending each of the in-service training sessions were asked to register, and records of attendance were kept by the Center. Table 13 shows the type and number of sessions held as well as the attendance. The "Number Attending" indicates some persons who attended more than one program, therefore the total attendance does not represent 1,443 different people.

The percentage of return for each group who received questionnaires is shown in Table 5 on page 15. Limitations on the use of results are discussed on page 16 and apply to the results presented in this section as well.

Table 14 shows the ratings which parents, principals, and teachers gave the in-service programs that they attended. It can be seen in the table that nearly all of those who attended in-service programs rated them "Helpful" or "Very Helpful." The only large exception to this were four supplementary classroom teachers who rated the programs they attended "Of Little Help." Their comments on the questionnaires indicated that they felt most of the programs were geared to the interests of the regular classroom teachers rather than the special classroom teacher.

Teachers, principals, counselors, and nurses were asked to name the in-service programs they had attended that were most beneficial and those that were least beneficial to them in terms of dealing with the special problems of handicapped children. A summary of their responses is presented in Table 15. The responses were in terms of individual programs identified by name or date. They were grouped according to type only for the purposes of reporting. The specific reactions to each program are available for use in planning next year's program.

TABLE 13

IN-SERVICE TRAINING PROGRAMS

Program	Date	Sessions	Number Attending
Exceptional Children in the Regular Classroom	Oct. 21-22	3	140
Case Studies by Secondary Counselors	Nov. 1	1	60
Illinois Test of Psycholinguistic Abilities Workshop	Dec. 7	1	40
Andale School Personnel	Dec. 8	1	75
Learning Disability	Dec. 15-16	3	173
Resource Materials Workshop #1	Jan. 20-21	1	106
Valley Center School Personnel	Feb. 22	1	70
Special Problems of the Physically Handicapped	Feb. 23-24	3	156
In-service Training for Parents of Children in the Title III Classrooms	Feb. 13 April 18	2	68
Institute on Perceptual Problems	March	1	20
Presentation of the Center Program to State C.E.C. Members	March 6	1	85
Resource Materials Workshop #2	April 6-7	3	82
Demonstration Program by Kansas School for the Blind	April 10	1	75
National Commission on Teacher Education and Professional Standards	April 29	2	100
Perceptual Motor Training	May 8	1	45
Behavior Management of Emotionally Disturbed Children	May 11	2	148
TOTAL 17		27	1,443

TABLE 14

RESPONSES OF PARENTS, TEACHERS, AND PRINCIPALS REGARDING IN-SERVICE PROGRAMS

Group Responding	N	Item	Percentage Giving Each Response						
		How would you rate the following items?	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Attend Any	No Response
Parents	47	Special meetings or programs for parents	30%	15%	0%	2%	0%	11%	21%
Principals	104	In-service training meetings and workshops held at the Center (or at your school by the Center staff)	22%	38%	8%	1%	0%	25%	7%
Supplementary Classroom Teachers	9	In-service training provided by the Center	44%	12%	44%	0%	0%	0%	0%
Other Teachers	53	In-service training provided by the Center	26%	21%	8%	0%	0%	26%	19%
TOTAL	213		26%	28%	8%	1%	0%	26%	13%

TABLE 15

FREQUENCY THAT TYPES OF IN-SERVICE PROGRAMS WERE LISTED AS MOST BENEFICIAL OR LEAST BENEFICIAL

		Number of times each type of session was listed as "most beneficial" or "least beneficial" by each group *					
Type of Session	Rating Given	Title III Teachers N = 9	Other Teachers N = 53	School Principals N = 104	School Counselors N = 58	School Nurses N = 28	All Groups N = 252
Sessions with visiting consultants or lecturers	Most Beneficial	6	9	25	44	6	90
	Least Beneficial	1	3	4	18	5	31
Demonstrations on the use of commercially prepared materials and equipment	Most Beneficial	1	2	5	0	0	8
	Least Beneficial	0	2	0	0	0	2
Demonstrations or workshops on the use of special materials or techniques by local personnel	Most Beneficial	1	15	14	3	0	33
	Least Beneficial	0	0	0	1	0	1
Orientation to services and programs available at the Center	Most Beneficial	0	0	3	1	1	5
	Least Beneficial	0	0	0	0	0	0
All sessions attended	Most Beneficial	2	4	5	1	0	12
	Least Beneficial	1	1	0	0	0	2
No response or did not attend any		3	12	16	0	15	46

* Some persons listed more than one program under "least beneficial" or "most beneficial."

Parents' reactions to the counseling and information about available programs for handicapped children that they received from the Center are presented in Table 16. While approximately forty percent of these parents returning questionnaires gave no response to items 3 and 4 or reported they received no information or counseling, most of the remaining sixty percent rated the information and counseling received from the Center "Helpful" or "Very Helpful."

Parents were also asked to rate the change in their child's attitude at home and school, change in his progress in school, and change in his teacher's understanding of the special needs of a handicapped child since his referral to the Center. Referrals were accepted and processed throughout the year and many of the parents who gave no response to this part of the questionnaire indicated that there had not been sufficient time to evaluate the changes between the time the referral was processed and the time they received the questionnaire. The results of these ratings are shown in Table 17. The responses of parents whose children were placed in the supplementary classrooms are given separately from those whose children were not. The responses of parents of the children in special classrooms seem to agree with other measures of pupil progress that are presented in the sections of this report that deal with supplementary classrooms. Responses to item 12 indicate that of those who returned the questionnaire, those parents whose children were placed in special classrooms felt that more improvement was made in the teacher's understanding of their child than did the parents whose children were returned to the regular classroom. Due to the limited return of questionnaires from parents of children who were placed in the regular classroom, however, inferences about the total project population should not be

TABLE 16

PARENTS' RESPONSES TO QUESTIONS REGARDING COUNSELING AND INFORMATION

N = 47

How would you rate the following items regarding the Special Education Diagnostic & Resource Center?	Percentage Of Parents Giving Each Response						
	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Response
3. Information about available programs for your child.	26%	17%	4%	4%	0%	23%	26%
4. Counseling related to your child's special needs.	32%	22%	4%	2%	0%	23%	17%
5. Attitude and cooperation of the Center personnel.	51%	17%	0%	2%	0%	10%	20%
All Three Items	36%	18%	3%	3%	0%	19%	21%

TABLE 17

RESPONSES OF PARENTS TO QUESTIONNAIRE ITEMS ABOUT CHANGES IN THEIR CHILD'S ATTITUDE OR PROGRESS

How would you describe the change in the following items since your child was referred to the Special Education Diagnostic and Resource Center?			Percentage Of Parents Giving Each Response					
Item	Placement	N	Much Improved	Improved	Improved Very Little	Not Improved	Worse Than Before	No Response
9. Your child's attitude toward school	Special Classroom	33	52%	12%	3%	3%	0%	30%
	Regular Classroom	14	14%	29%	14%	0%	0%	43%
10. Your child's attitude at home	Special Classroom	33	36%	24%	12%	0%	0%	28%
	Regular Classroom	14	21%	29%	0%	0%	0%	50%
11. Your child's progress in school	Special Classroom	33	42%	28%	3%	0%	3%	24%
	Regular Classroom	14	7%	22%	14%	7%	0%	50%
12. The teacher's understanding of your child's special needs	Special Classroom	33	58%	6%	3%	0%	0%	33%
	Regular Classroom	14	14%	14%	0%	22%	0%	50%

made from the responses in Table 17.

Tables 18 - 22 show the ratings of principals and teachers for the services and materials that the Center provided through the consultants and resource library. The consultants for art, music, and physical education followed a schedule of one session per week in each of the nine supplementary classrooms. This along with their part in the diagnosis and evaluation of referrals and the in-service training programs seems to have left little time for consultation with teachers and school personnel outside the supplementary classrooms. This time limitation was recognized early in the project year and it was decided at that time to continue this heavy concentration of the supportive services on the special classrooms, at least for the first year of the project. Consequently, the responses in Tables 18 - 20 indicate that for each consultive service provided there are approximately sixty percent or more of the teachers and principals who returned the questionnaires who did not receive the service. This is not the same sixty percent for all services. Some worked with one or more consultants but not all three. It can be seen from the tables that the services were available to all the supplementary classroom teachers. In general they considered them "Helpful" or "Very Helpful." The majority of principals and other teachers who were familiar with the services also rated them as "Helpful" or "Very Helpful." Although the resource consultant did not have the weekly schedule of sessions in the supplementary classrooms, the year began with no materials or equipment available. Much of the first part of the year was spent in determining which materials, equipment, and publications were desired and in obtaining them.

TABLE 18

RESPONSES TO QUESTIONS REGARDING THE SERVICES PROVIDED BY THE ART CONSULTANT

How would you rate the services provided by the Art Consultant from the Special Education Diagnostic and Resource Center?		Percentages Giving Each Response						
Group	N	Very Help-ful	Help-ful	Of Little Help	No Help	Detri-mental	Did Not Receive Any	No Response
Principals	104	10%	11%	4%	6%	0%	60%	9%
Supplementary Classroom Teachers	9	44%	44%	12%	0%	0%	0%	0%
Other Teachers	53	8%	9%	0%	2%	0%	62%	9%
TOTAL	166	10%	11%	3%	2%	0%	59%	8%

TABLE 19

RESPONSES TO QUESTIONS REGARDING THE SERVICES PROVIDED BY THE MUSIC CONSULTANT

How would you rate the services provided by the Music Consultant from the Special Education Diagnostic and Resource Center?		Percentage Giving Each Response						
Group	N	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Response
Principals	104	7%	8%	2%	5%	0%	68%	10%
Supplementary Classroom Teachers	9	67%	33%	0%	0%	0%	0%	0%
Other Teachers	53	8%	0%	4%	4%	0%	68%	16%
TOTAL	166	10%	7%	2%	4%	0%	65%	11%

TABLE 20

RESPONSES TO QUESTIONS REGARDING THE SERVICES PROVIDED BY THE PHYSICAL EDUCATION CONSULTANT

How would you rate the services provided by the Physical Education Consultant from the Special Education Diagnostic and Resource Center?		Percentage Giving Each Response						
Group	N	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Response
Principals	104	10%	17%	4%	5%	0%	55%	9%
Supplementary Classroom Teachers	9	56%	44%	0%	0%	0%	0%	0%
Other Teachers	53	19%	4%	4%	2%	0%	59%	12%
TOTAL	166	15%	14%	4%	4%	0%	55%	9%

TABLE 21

RESPONSES TO QUESTIONS REGARDING THE SERVICES PROVIDED BY THE RESOURCE CONSULTANT

How would you rate the services provided by the Resource Consultant from the Special Education Diagnostic and Resource Center?		Percentage Giving Each Response						
Group	N	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Response
Principals	104	5%	12%	6%	5%	0%	59%	13%
Supplementary Classroom Teachers	9	22%	12%	44%	0%	0%	22%	0%
Other Teachers	53	11%	11%	2%	2%	0%	55%	19%
TOTAL	166	7%	11%	7%	4%	0%	58%	11%

TABLE 22

RESPONSES TO QUESTIONS REGARDING THE MATERIALS AND EQUIPMENT AVAILABLE AT THE RESOURCE LIBRARY

How would you rate the special materials or equipment available at the Resource Library at the Special Education Diagnostic and Resource Center?		Percentage Giving Each Response						
Group	N	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Response
Principals	104	8%	13%	9%	6%	0%	54%	10%
Supplementary Classroom Teachers	9	22%	34%	22%	0%	0%	11%	11%
Other Teachers	53	6%	13%	0%	2%	0%	58%	21%
TOTAL	166	8%	14%	7%	4%	0%	54%	13%

The size of the project area and the wide-spread locations of the schools and agencies to be served, as well as the location of the Center itself, presented problems in the distribution of materials and equipment. Materials were loaned on 97 different occasions, 11 times to agencies, 78 times to schools, and 8 times to parents. Pieces of equipment were loaned 30 times, once to an agency, 27 times to schools, and 3 times to parents. Ninety-one of the material loans and 25 of the equipment loans were made for pupils outside the Wichita Public Schools. Commercial distributors and publishers co-operated with the Center by supplying 40 different large scale exhibits of materials and equipment, 158 sets and series of materials for long term exhibits, and 100 different free brochures, describing materials and equipment, in quantities of 200 which were distributed to parents, teachers, and other visitors to the Center. A different working relation between the supplementary classroom teachers and the resource consultant (no regular schedule of sessions) than exists between these teachers and the other consultants is apparently responsible for the differences in the supplementary classroom teachers' responses in Tables 18 - 20 and Tables 21 and 22. Comments on the questionnaires indicate that the "Of Little Help" ratings in Tables 20 and 21 reflect a lack of service rather than quality of service.

Each of the groups, principals, supplementary classroom teachers, and other teachers, were asked to list the services provided by each of the four consultants that they considered most beneficial and also those that were least beneficial. In the principal and other teacher groups responses to these questions were received from only ten to thirty percent of each group. Several had indicated that they had not received the services. Those services most often mentioned as most beneficial by all three groups were the art consultant's suggestions for projects with demonstrations and lesson plans utilizing new ideas and materials, the music consultant's suggestions for and demonstrations of appropriate musical activities and her help in weekly planning of daily activities for the supplementary classes, the physical education consultant's recommendations and demonstrations of appropriate games and exercises for handicapped pupils, and the resource consultant's aid in organizing workshops and her instructions and suggestions for using various equipment and materials. Very few items were listed under least beneficial. A few principals and supplementary teachers mentioned interruptions in the consultants' regular schedule of visits to the supplementary classrooms as least beneficial. Most of the other remarks under least beneficial had to do with not receiving the service. Audio-visual equipment and special reading equipment and materials were listed most often as materials or equipment obtained from the resource library that had been most useful. A large variety of items were listed as equipment or materials that would be useful but had not been available. However, no two people mentioned the same item in this latter case.

The art consultant submitted many samples of art done by pupils in the supplementary classrooms. These samples and accompanying anecdotes seem to substantiate her conclusion that: "Throughout the school year 1966-67, fine growth patterns of concepts of self, and perception, and awareness to environment, color, texture, and rhythm, and improvement in abstract thinking and problem solving have evolved with the students in the Title III Classrooms. With some students, a gradual growth has been noted. With a few students, there have been plateaus and sometimes regressions along the way. Through color and concept drawing, emotional overlays have been noted."

Anecdotal records kept by the music consultant indicated the progress of some individual pupils which she felt was partially related to their musical experiences. Excerpts from two of these follow.

> "During the greatest part of first semester, ______ was very quiet, responded verbally only when asked and spoke just above a whisper. His movements were very restricted in all phases of music activity and he seemed somewhat hesitant about doing anything without specific directions and assurance . . . At the end of the year he presented himself as an entirely different boy. All aspects of his behavior in the music area were considered 'normal'. It is believed that music was one of his stronger interest areas, and that the success he experienced there could have provided him with incentive to 'try' in other areas."

> "When ______ was seen for the first time by the music consultant he presented himself as a withdrawn, disorganized little boy. He would stare into space at intervals and seem to be entirely unaware of what was going on. Rocking occurred frequently as did inappropriate laughing or smiling. When addressed he often would not answer until the statement was repeated several times . . . As the year progressed, ______ appeared to become less withdrawn. In music sessions he was much more alert and generally took an active part. Occasionally he would make a 'smart' remark and look to the boys for approval. Because of his withdrawn behavior earlier, this would seem to be a very positive event though not one to be encouraged. Also, he seemed able to begin to value approval from others."

The physical education consultant aided the supplementary classroom teachers in recording the results of the AAHPER Physical Fitness test in November and May for each pupil in the supplementary classrooms. Results of these tests are presented in the sections dealing with the supplementary classrooms.

A large part of the expenditures (a little more than half) for contracted medical and psychological services were for diagnostic and evaluative purposes. The remainder was for continued treatment and therapy that was needed in order for the child to enter, reenter or remain in school. The total cost of contracted services and the number of pupils, physicians, dentists, and clinical psychologists involved are shown in Table 23. Approximately forty percent of the amount shown was for services of a supportive nature. Services of this type were contracted by the Center only in cases where the parents could not pay, so the amounts shown represent only part of the services that were recommended for and received by pupils.

TABLE 23

CONTRACTED SERVICES

	Medical	Psychological	Total
Number of pupils	153	171	324
Number of physicians	55		55
Number of dentists	2		2
Number of clinical psychologists		8	8
COST	$16,689.95	$43,552.75	$60,242.70

(Note: Information in this table also appears in Table 4)

The reaction of parents regarding the contracted services are shown in Table 24. It can be seen in the table that the majority of those who received services felt they were "Very Helpful."

TABLE 24

RESPONSES OF PARENTS TO QUESTIONS REGARDING CONTRACTED PSYCHOLOGICAL AND MEDICAL SERVICES

How would you rate the following items regarding the Special Education Diagnostic & Resource Center?	Percentage of Parents Giving Each Response						
	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any	No Response
Services of a clinical psychologist or psychiatrist contracted by the Center	36%	15%	0%	4%	0%	21%	23%
Medical services contracted by the Center	17%	2%	0%	2%	0%	51%	28%

Because of the small number of pupils involved and the short duration of the program, no test data and no individual pupil information was reported for the participants in the group counseling program for pupils with learning difficulties. Two groups of pupils were involved. One, including both boys and girls, were identified as having differences of fifty percentile points or more between subtest scores on the PREP test given in the regular testing program. After special training in techniques and theories of group therapy by a clinical psychologist, and under his direction, one of the school counselors met regularly with the group in one hour sessions twice a week. Through the sessions it became apparent that one thing these pupils had in common was a tendency to feel that an appropriate way to get back at a teacher, or someone in authority, was to refuse to achieve for them. The counselor felt that the pupils definitely became aware of this. Also, insight was gained into various other aspects of their lives.

Another group was made up of seventh grade girls who were identified by the school authorities as causing the worst discipline problems in the school. It is not possible to assess the total results of the group therapy experience, but several encouraging signs were noted. First, the girls seemed to enjoy coming to see the counselor, with some showing up more often than scheduled. Second, they were willing to express certain things that got them into difficulty, even trusting the counselor with information that could have possibly gotten them into more difficulty. Third, they seemed willing to listen, and to a certain extent examine the ways in which they might have produced some of their own difficulties.

The clinical psychologist working with the counselor summed up the value of the sessions in the following words. "No striking changes have taken place in the school or even in the children involved. However, a few have now had a chance to face some of their problems a little more squarely, and to view the solutions to their problems somewhat more realistically. In this limited way, the program has been a success."

In the questionnaire to school counselors each counselor was asked to report any differences in school adjustment and/or school progress for individual pupils that they felt were the results of the recommendations made by the Center regarding placement, procedures, or special services. Of the 58 school counselors who returned the questionnaires, twelve said they had observed none, seventeen gave no response or said it was too early to tell, and twenty-nine, or fifty percent, said they had observed such differences. The types of recommendations most often cited in the cases described were the contracted psychological or medical services and placement in special classrooms.

One of the project objectives was to provide supportive services to enable handicapped children to attend the appropriate educational or training program. All responses received on the questionnaire sent to representatives of participating agencies regarding the extent to which the objective had been attained were directed toward the need for more of the services. Some named particular types of handicapped that they felt needed more attention. The only criticism of the present services, however, was that they were too few.

Questionnaires were sent to members of the Center staff, including coordinators, psychologists, social workers, and consultants. Their responses indicated that they felt they had succeeded to the greatest extent in providing the proposed supportive services to the supplementary classrooms and in providing in-service programs and information about services available through the Center to personnel of schools and agencies in the project area. The contracted psychological and medical services purchased for pupils whose parents could not afford to pay were considered highly beneficial. Most of them felt that the objective attained to the least extent was that of providing consultive services on an individual basis to the regular classroom teachers in the project area. The reasons most often mentioned for this were: (1) one consultant in each area of specialization is not enough for a project area of this size, particularly with a weekly schedule of sessions in the supplementary classrooms, (2) insufficient travel allottments to cover the project area for individual consultation, and (3) not enough secretarial help.

COMMENTS

The utilization of physicians and clinical psychologists in the evaluation of an individual pupil and for continued treatment when it is recommended has been a very valuable part of the project. The fact that these services can be purchased by the Center for those pupils whose parents can not afford them makes them available to all who need them. This availability is limited to some extent, of course, by the amount of money budgeted for contracted services and by the number of physicians and clinical psychologists available in the project area.

The two special programs for parents of children in the supplementary classrooms were well attended, and the responses of parents, shown in Table 14, indicate that those attending felt they were quite helpful. It can be seen in Table 16 that slightly over twenty percent of the parents who returned questionnaires reported that they received no counseling or information about available programs from the Center. These items were rated "Helpful" or "Very Helpful," however by many parents. The attitude and cooperation of the Center personnel received a very high rating from parents.

Fifteen different in-service programs for teachers and other school personnel in the project area were held in twenty-five sessions. Responses of principals and teachers, shown in Table 14, indicated that the programs were quite helpful. Sessions with visiting consultants or lecturers were listed as "Most Beneficial" more often than any other type of program, (90 times, shown in Table 15). However, programs of this type were also mentioned 31 times, more than any other type of program, as "least Beneficial." Demonstrations or workshops conducted by local personnel on the use of special materials or techniques was another type of program listed as "Most Beneficial" by several persons. This type of program was listed as "Least Beneficial" only once.

Consultation concerning curriculum and instruction, special methods and techniques, and handicapped children and their parents appears to have been readily available to the teachers of the supplementary classrooms and was considered quite helpful by them. While this type of consultation was given high ratings by most of those who had received it, a relatively small percentage of the teachers outside the supplementary classrooms reported receiving it.

It has taken time to equip the resource library with materials and equipment and to inform users in the project area of its availability. The widespread locations of schools and agencies participating in the project may continue to present a problem in the distribution of these. An increasing number of requests for materials and equipment for pupils with handicaps or learning difficulties have been received as more principals, teachers, and counselors of participating schools were made aware of this source.

A large majority of the parents who returned questionnaires reported that their child's progress in school, attitude toward school, and attitude at home were "Improved" or "Much Improved" following his referral to the Center. School counselors described several examples of improvement in school adjustment or in school progress that they felt were related to the services provided by the Center. Placement in the special classrooms or medical and psychological services were the two types of services most often mentioned. In all, from July 1, 1966 to June 30, 1967, 990 pupils were referred to the Center from both public and non-public schools and agencies. Seventy-four of these pupils were placed in the nine supplementary classrooms provided by the project. Information regarding the progress of pupils in these special classrooms is included in the following sections of this report.

LEARNING DISABILITIES - ELEMENTARY, LEVEL I

One supplementary classroom for students with learning disabilities was provided throughout the year for elementary school children, ages seven through nine. This program served those who exhibited unusual behavioral and perceptual handicaps that were not caused primarily by emotional disturbance or social maladjustments, and who were unable to profit from instruction in a regular classroom. Children were included if they had indications of impairments such as the following: aphasia, neurological pathology, brain injury, hyperactive behavior, and undifferentiated disabilities.

OBJECTIVES

1. To enable pupils to achieve academically at levels appropriate to age, grade, and intelligence.
2. To improve attitudes toward self, others, and school.
3. To improve personal and social adjustments so that satisfactory contacts with environment can be made and reentry into regular classrooms can be effected.
4. To improve the individual's work habits and the ability to function as a member of a group.
5. To discover and devise effective teaching techniques and superior instructional materials for children with learning disabilities.

PROCEDURES

A qualified classroom teacher guided the learning experiences with supportive assistance from music, art, and physical education consultants. A half-time teacher aide was also provided. Some students in the class were referred to psychologists, psychiatrists, and other medical personnel for additional help.

A class load of approximately eight pupils was maintained, with the aim of providing highly individualized instruction.

A variety of teaching methods, equipment, and instructional material was utilized in accordance with the age, grade, and achievement levels of the group. While the curriculum was designed to meet the specific needs of the pupils being served, experiences such as those in regular classrooms were provided to the extent it was feasible to do so. Both individualized and group instruction were provided.

Pupils worked at their individual instructional levels. Much emphasis was placed upon acquisition of basic skills and academic achievement. Physical exercise, music, and art activities were provided daily with supportive assistance given by consultants at weekly intervals. Success experiences were provided which were designed to build self-confidence and feelings of personal and social adequacy for each individual. When children appeared to be able to profit from instruction in a regular classroom, they were phased back into regular classroom programs.

EVALUATION STRATEGY

Four standardized tests were utilized in the evaluation of the special classroom for primary age pupils with learning disabilities. Conferences with persons competent in the field of special education resulted in the decision to administer the Goodenough-Harris Drawing Test, the Peabody Picture Vocabulary Test, the Wide Range Achievement Test, and the AAHPER Youth Fitness Test to all pupils in the class in the fall and again in the spring.

Non-test sources of evaluation data were pupil records, anecdotal records, samples of class work, staff evaluation reports and case histories. Pupil records, anecdotal records, and samples of class work were kept for each pupil by the special classroom teacher throughout the year. Near the end of the school year each pupil in the class was reevaluated in a formal staffing. Results of this evaluation were used in assessing individual pupils' progress. Case histories were compiled for two randomly selected pupils in the class.

PRESENTATION OF EVALUATIVE DATA

Examination of pupil records maintained by the classroom teacher and other school personnel revealed the following information about the students:

Age range at entrance: 7 years, 2 months to 8 years, 11 months

Race: All Caucasian

Sex: Ten male - one female

IQ: Binet 127, 106, 90, 85, 81 WISC 105, 94, 90, 83

Eleven different pupils were actually placed in the classroom during the year, six at the beginning of the year, three at the beginning of the first nine weeks, one at the beginning of the last nine weeks. Six pupils transferred out or withdrew from the class during the year, two at the end of first semester and four at the end of the year. Of these six two were transferred to the level II learning disability classroom and three were phased back into regular classrooms.

Attendance information was not available for the entire year for all pupils. Attendance varied from a low of forty percent for a pupil who was enrolled in the classroom for thirty-five days to a high of ninety-nine percent for a pupil enrolled in the classroom the entire year. The median attendance was approximately ninety percent.

The Peabody Picture Vocabulary Test was chosen as a test of verbal ability. The results are presented in Table 25.

TABLE 25

PEABODY PICTURE VOCABULARY TEST RESULTS FOR LEARNING DISABILITIES - ELEMENTARY, LEVEL I

	Mental Age		IQ		%ile	
Student	Nov.	May	Nov.	May	Nov.	May
1	8-11	8-9	100	98	50	47
2	7-3	8-1	93	91	40	31
3	11-0	11-4	118	112	89	79
4	11-0	11-0	118	110	89	75
5	10-10	11-0	126	128	96	96
6	6-6	6-3	95	85	40	12
7	--	8-1	--	100	--	53
8	--	6-8	--	74	--	4
9	--	10-10	--	116	--	87

A group analysis of the PPVT data was limited by the small size of the group and the lack of pretest and posttest data on some students. For the six students who had completed pretest and posttest the mean IQ for pretest was 109 and for posttest was 104.

The Wide Range Achievement Test was chosen as a measure of the basic skills of reading, spelling, and arithmetic. It was felt that the result would provide base line data as well as provide measure of academic progress. The results of the tests are presented in Table 26.

TABLE 26

WIDE RANGE ACHIEVEMENT TEST RESULTS FOR LEARNING DISABILITIES - ELEMENTARY, LEVEL I

Student	Reading				Spelling				Arithmetic			
	G.E.		%ile		G.E.		%ile		G.E.		%ile	
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	3.9	4.2	61	68	3.5	3.2	58	39	2.8	2.4	30	19
2	1.9	2.9	16	32	1.4	1.8	8	10	2.1	1.9	19	12
3	2.0	1.8	9	5	2.0	2.0	9	6	2.4	2.6	14	12
4	1.6	1.5	5	3	1.2	1.2	3	2	2.1	2.8	10	14
5	2.2	2.6	30	30	2.0	2.5	23	27	1.8	2.1	19	19
6	---	1.2	---	7	1.2	1.0	16	5	2.4	1.2	58	7
7	---	1.9	---	21	---	2.5	---	39	---	2.8	---	50
8	---	1.9	---	5	---	1.4	---	3	---	1.6	---	4
9	---	2.4	---	19	---	2.6	---	23	---	3.6	---	53

The small size of the group and incomplete data for both pretest and posttest limited the application of statistical analysis. The range, mean, and median of grade equivalent scores of students for whom complete data were available are given in Table 27.

TABLE 27

WRAT RESULTS FOR PUPILS TESTED BOTH FALL AND SPRING, LEARNING DISABILITIES - ELEMENTARY, LEVEL I

	Reading N = 5		Spelling N = 6		Arithmetic N = 6	
	Nov.	May	Nov.	May	Nov.	May
Range	1.6-3.9	1.5-4.2	1.2-3.5	1.0-3.2	1.8-2.8	1.2-2.8
Mean	2.3	2.6	1.9	2.0	2.3	2.2
Median	2.0	2.6	1.7	1.9	2.3	2.3

The Goodenough-Harris Drawing Test was used to obtain an additional measure of intellectual maturity. The results of this test are presented in Table 28.

TABLE 28

GOODENOUGHT-HARRIS DRAWING TEST RESULTS FOR LEARNING DISABILITIES - ELEMENTARY, LEVEL I

	Man				Woman				Self			
	Standard Scores		%ile		Standard Scores		%ile		Standard Scores		%ile	
Student	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	71	77	3	6	67	67	1	1	70	75	2	5
2	77	71	6	3	72	76	3	5	77	71	6	3
3	79	79	8	8	85	69	16	2	79	80	8	9
4	84	97	14	42	76	78	5	7	79	87	8	19
5	84	75	14	5	80	72	9	3	75	75	5	5
6	66	72	1	3	64	72	1	3	72	68	3	2
7	--	86	--	18	--	70	--	8	--	75	--	5
8	--	107	--	68	--	125	--	95	--	110	--	75
9	--	102	--	55	--	99	--	47	--	104	--	61

The means of the standard scores on pretest and posttest for the six students in the group for whom complete data is available are listed below.

Man		Woman		Self	
Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
77	79	74	72	75	76

The three standardized tests have standard scores with a mean of 100 and a standard deviation of 15 for each norm classification. The standard score then becomes a useful tool to compare directly each student's performance on one test with his performance on the other tests. The standard scores for each student on each test are presented in Table 29.

TABLE 29

STUDENT STANDARD SCORES ON WIDE RANGE ACHIEVEMENT TEST (WRAT), GOODENOUGH-HARRIS DRAWING TEST (GHDT), AND PEABODY PICTURE VOCABULARY TEST (PPVT), LEARNING DISABILITIES - ELEMENTARY, LEVEL I

	WRAT						GHDT						PPVT	
Student	Reading		Spelling		Arith.		Man		Woman		Self			
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	104	107	103	96	92	87	71	77	67	67	70	75	100	98
2	85	93	79	81	87	82	77	71	72	76	77	71	93	91
3	80	75	80	77	84	82	79	79	85	69	79	80	118	112
4	76	72	72	70	81	84	84	97	76	78	79	87	118	110
5	92	92	89	91	87	87	84	75	80	72	75	75	126	128
6	---	78	85	76	103	78	66	72	64	72	72	68	95	85
7	---	88	---	96	---	100	---	86	---	79	---	75	---	100
8	---	76	---	71	---	73	---	107	---	125	---	110	---	74
9	---	87	---	89	---	101	---	102	---	99	---	104	---	116

The above tests are not of the sensitive nature to accurately measure small increments of growth over short periods of time. The results of this year's testing will have its greatest value as base line data for further evaluation of these pupils as they continue in the special classroom or are phased back into regular programs.

One of the objectives of the supplementary program was to improve the physical skills of the pupils. The American Association for Health, Physical Education, and Recreation Youth Fitness Test was administered in the fall and again in the spring. Five boys in the class participated in both the pretest and the posttest. Norms by age are not available for this age group. The means and ranges of their performances in number, time, or distance are shown in Table 30. It can be seen from the table that although in a few cases individual performance was poorer in the spring, the group mean improved on every exercise.

Anecdotal records, samples of classwork, and period reports to parents were examined for each pupil. Using this information in addition to the end of the year staffing report from the Center, members of the Research Department were able to rate each pupils progress in the areas of academic achievement; attitude toward self, others, and school; ability to function as a member of a group and improvement of individual work habits; and ability to reenter the regular program.

The final staffing reports included the findings and recommendations of the coordinator on the case, art consultant, music consultant, physical education consultant, psychologist, and social worker from the Center and of the special teacher and principal or counselor of the school where the classroom was located. Each pupil was rated on the basis of this information as having made much, moderate, slight, or little or no progress in each of the four areas. Results of these ratings are shown in Table 31.

TABLE 30

RESULTS OF AAHPER YOUTH FITNESS FOR FIVE BOYS IN
LEARNING DISABILITIES - ELEMENTARY, LEVEL I

Measures	Pretest	Posttest	Gain
Sit-ups (number)			
Mean	13.4	16.4	3.0
Range	0 - 30	0 - 41	-16 - +33
Pull-ups (number)			
Mean	1.8	2.2	.4
Range	0 - 6	0 - 7	0 - +2
Broad Jump (inches)			
Mean	35.5	41.0	5.5
Range	27 - 46	30 - 60	-2 - +12
Shuttle Run (seconds)			
Mean	16.5	15.5	-1.0
Range	18.4 - 15.0	17.4 - 13.8	+.6 - -2.2
Softball Throw (feet)			
Mean	34.0	43.0	9.0
Range	17 - 52	19 - 69	2 - 19
50 Yard Dash (seconds)			
Mean	13.3	10.5	-2.8
Range	13.8 - 12.6	11.4 - 9.0	-2.0 - -3.8
600 Yard Run-Walk (minutes)			
Mean	3:07	3:17	0:10
Range	3:20 - 2:51	3:48 - 2:37	+:39 - -:14

TABLE 31

APPARENT PROGRESS OF PUPILS ACCORDING TO FINAL STAFFING REPORTS, ANECDOTAL RECORDS, SAMPLES OF CLASS WORK, AND NINE-WEEK REPORTS, LEARNING DISABILITIES - ELEMENTARY, LEVEL I

	Number of Pupils			
Area	Much	Moderate	Slight	Little or None
Academic	4	3	3	1
Attitude toward self, others, and school	2	6	2	1
Ability to function as a member of the group and improvement of individual work habits	2	3	5	1
Ability to reenter regular classes	3	3	1	4

One of the main objectives of this program is to enable pupils to reenter and function satisfactorily in the regular program. Progress of the pupils that are phased back into the regular school program will be followed closely.

COMMENTS

Some of the data supplied evidence of progress toward program objectives; other data did not. Probably the test results cannot be interpreted as indicating substantial progress or lack of progress because of the small number in the group, incomplete data for some, and the time interval between tests. The results should prove useful as follow-up study is made for each pupil. Non-test sources of information provided some evidence of progress in achievement for most of the pupils.

Reports by the teacher and others who were involved indicated that nearly all pupils made some progress in academic achievement, attitudes, work habits, and ability to function as members of the group. A few were reported to have made much progress. The fact that three children were able to be phased back into regular classrooms provides the most meaningful evidence of program success.

Specific teaching techniques and instructional materials found to be especially effective have not been positively identified at this time. Further study is needed before this can be reported. On the other hand, it appears that the practice of placing a small group of pupils with learning disabilities in a classroom with a specially-trained teacher, and providing a wide variety of instructional experiences with supportive services, is beneficial to the pupils.

LEARNING DISABILITIES - ELEMENTARY, LEVEL II

One supplementary classroom for students with learning disabilities was provided throughout the year for elementary school children, ages nine through twelve. This program served those who exhibited unusual behavioral and perceptual handicaps which were not caused primarily by emotional disturbance or social maladjustments, and who were unable to profit from instruction in a regular classroom. Children were included if they had indications of impairments such as the following: aphasia, neurological pathology, brain injury, hyperactive behavior, and undifferentiated disabilities.

OBJECTIVES

1. To enable pupils to achieve at levels appropriate to age, grade, and intelligence.
2. To improve attitudes toward self, others, and school.
3. To improve personal and social adjustments so that satisfactory contacts with environment can be made and reentry into regular classrooms can be effected.
4. To improve the individual's work habits and the ability to function as a member of a group.
5. To discover and devise effective teaching techniques and superior instructional materials for children with learning disabilities.

PROCEDURES

A qualified classroom teacher guided the learning experience with supportive assistance from music, art, and physical education consultants. In addition a half-time teacher aide was provided. Some students in the class were referred to psychologists, psychiatrists, and other medical personnel for additional help.

A class load of approximately eight pupils was maintained, with the aim of providing highly individualized instruction.

A variety of teaching methods, equipment, and instructional material was utilized in accordance with the age, grade, and achievement levels of the group. While the curriculum was designed to meet the specific needs of the pupils being served, experiences such as those in regular classrooms were provided to the extent it was feasible to do so. Both individualized and group instruction was provided.

Pupils worked at their individual instructional levels. Much emphasis was placed upon acquisition of basic skills and academic achievement. Physical exercise, music, and art activities were provided daily with supportive assistance given by consultants at weekly intervals. Success experiences were provided which were designed to build self-confidence and feelings of personal and social adequacy for each individual. When children appeared to be able to profit from instruction in a regular classroom, they were phased back into regular programs.

EVALUATION STRATEGY

Four standardized tests were utilized in the evaluation of the special classroom for primary age pupils with learning disabilities. Conferences with persons competent in the field of special education resulted in the decision to administer the Goodenough-Harris Drawing Test, the Peabody Picture Vocabulary Test, the Wide Range Achievement Test, and the AAHPER Youth Fitness Test to all pupils in the class in the fall and again in the spring.

Non-test sources of evaluation data were pupil records, anecdotal records, samples of classwork, staff evaluation reports and case histories. Pupil records, anecdotal records, and samples of classwork were kept for each pupil by the special classroom teacher throughout the year. Near the end of the school year each pupil in the class was reevaluated in a formal staffing. Results of this evaluation were used in assessing individual pupils progress. Case histories were compiled for two randomly selected pupils in the class.

PRESENTATION OF EVALUATIVE DATA

Age range at entrance: 9 years to 11 year 11 months

Race: All Caucasian

Sex: Seven male - four female

IQ: Binet 107, 102, 100, 100, 97, 89 WISC 104, 88, 86, 85, 83

Eight pupils were placed in the level II classroom for learning disabilities at the beginning of the year, two more at the beginning of the second nine week period, and one at the beginning of the fourth nine week period. One pupil transferred back to his base school at the end of the first nine-week period because of transportation problems. One pupil was phased back into the regular school program at the end of the third nine-week period. At the end of the school year three more pupils were recommended to return to the regular program and one to transfer to the junior high learning disability classroom. The other five will remain in the level II learning disability room.

Attendance records show that eight students were absent only one or two days each. The other three missed from fourteen to twenty-six days each.

The Peabody Picture Vocabulary Test was chosen as a measure of verbal ability. The test results are presented in Table 32.

TABLE 32

PEABODY PICTURE VOCABULARY TEST RESULTS FOR LEARNING DISABILITIES - ELEMENTARY, LEVEL II

	Mental Age		IQ		%ile	
Student	Nov.	May	Nov.	May	Nov.	May
1	--	9-5	--	86	--	17
2	--	15-9	--	124	--	93
3	10-8	10-7	91	85	30	13
4	7-8	8-11	82	93	15	30
5	11-0	11-4	118	112	89	79
6	10-2	9-8	91	88	24	19
7	12-5	11-4	103	90	66	27
8	11-0	11-4	110	101	75	57
9	12-7	--	105	--	70	--

A group analysis of the PPVT data is limited by the small size of the group and the lack of pretest and posttest data on some students.

For the six students who had complete data the mean IQ for pretest was 99 and for posttest it was 95.

The Wide Range Achievement Test was chosen as a measure of the basic skills of reading, spelling, and arithmetic. It was felt that the test results would provide base line data as well as provide measures of progress. The results of this are presented in Table 33.

TABLE 33

WIDE RANGE ACHIEVEMENT TEST RESULTS FOR LEARNING DISABILITIES - ELEMENTARY, LEVEL II

	Reading				Spelling				Arithmetic			
Stu-	G.E.		%ile		G.E.		%ile		G.E.		%ile	
dent	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	---	2.1	---	2	---	2.2	---	3	---	3.6	---	10
2	---	10.1	---	95	---	8.7	---	84	---	6.1	---	39
3	---	4.8	---	10	---	5.0	---	12	---	4.2	---	6
4	2.5	2.7	10	10	2.5	2.6	10	9	2.8	3.2	14	16
5	2.3	2.9	13	14	2.0	2.5	9	10	3.2	3.9	30	32
6	1.4	1.6	1	1	1.3	1.4	1	1	2.1	2.1	2	2
7	---	1.7	---	0.9	---	2.2	---	1	---	3.4	---	3
8	2.9	2.8	13	5	1.8	3.0	4	6	3.0	3.2	6	8
9	4.4	---	14	---	2.9	---	4	---	3.9	---	9	---

The small size of the group and incomplete data, both pretest and posttest, limit the analysis. Of the four students who have pretest and posttest data, three improved their scores in reading, and one made a slightly lower score. In the spelling posttest all four made higher scores. On the arithmetic test one student scored the same as his pretest and the other three had slight increases.

The Goodenough-Harris Drawing Test was used as an additional measure of intellectual maturity. The results of this test are presented in Table 34.

TABLE 34

GOODENOUGH-HARRIS DRAWING TEST RESULTS FOR LEARNING DISABILITIES - ELEMENTARY, LEVEL II

	Man				Woman				Self			
	Standard Scores		%ile		Standard Scores		%ile		Standard Scores		%ile	
Student	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	--	101	--	53	--	90	--	25	--	94	--	34
2	--	105	--	63	--	101	--	53	--	93	--	32
3	73	60	4	1	69	60	2	1	73	70	4	2
4	92	79	29	8	88	80	21	9	86	75	18	5
5	84	90	14	25	84	85	14	16	82	97	12	42
6	70	84	2	14	77	82	6	12	75	86	5	18
7	104	100	73	50	111	99	77	47	98	106	45	66
8	83	87	13	19	78	78	7	7	88	75	21	5
9	77	--	6	--	74	--	4	--	83	--	13	--

The means of the standard scores on pretest and posttest for the group of six students for whom complete data are available are listed below.

Man		Woman		Self	
Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
85	83	85	81	84	85

The three standardized tests have standard scores with a mean of 100 and a standard deviation of 15 for each norm classification. The standard score then becomes a useful tool to compare directly each student's performance on one test with his performance on the other tests. The standard scores for each student on each test are presented in Table 35.

TABLE 35

STUDENT STANDARD SCORES ON WIDE RANGE ACHIEVEMENT TEST (WRAT), GOODENOUGH-HARRIS DRAWING TEST (GHDT), AND PEABODY PICTURE VOCABULARY TEST (PPVT), LEARNING DISABILITIES - ELEMENTARY LEVEL II

	WRAT						GHDT						PPVT	
Student	Reading		Spelling		Arith.		Man		Woman		Self			
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	--	70	--	71	--	81	--	101	--	90	--	94	--	86
2	--	125	--	115	--	96	--	105	--	101	--	93	--	124
3	--	81	--	82	--	77	73	60	69	69	73	70	91	85
4	81	81	81	80	84	85	92	79	88	80	86	75	82	93
5	83	84	80	81	92	93	84	90	84	85	82	97	118	112
6	64	66	64	64	70	70	70	84	77	82	75	86	91	88
7	--	61	--	64	--	72	109	100	111	99	98	106	103	90
8	83	76	73	77	77	79	83	87	78	78	88	75	110	101
9	84	--	73	--	80	--	77	--	74	--	83	--	105	--

The above tests are not of the sensitive nature to accurately measure small increments of growth over short periods of time. The results of this year's testing will have their greatest value as base line data for further evaluation of these pupils as they continue in the special classroom or are phased back into the regular program.

One of the objectives of the supplementary program was to improve physical skills of the pupils. The American Association for Health, Physical Education, and Recreation Youth Fitness Test was administered in the fall and again in the spring. Four boys and two girls in the level II learning disabilities classroom participated in both the fall and spring testing. Table 36 shows the means, ranges, and percentile ranges for the four boys. Results for the girls were quite similar showing improved performances in nearly all events.

TABLE 36

RESULTS OF AAHPER YOUTH FITNESS TEST FOR FOUR BOYS IN LEARNING DISABILITIES - ELEMENTARY, LEVEL II

Measures	Pretest	Posttest	Gain	National Media For Boys-Age 10
Sit-ups (number)				41
Mean	27.5	39.0	11.5	
Range	18 - 47	20 - 76	-4 - 29	
Percentile Range	10 - 55	25 - 80		
Pull-ups (number)				2
Mean	3.0	3.8	.8	
Range	2 - 4	1 - 6	-1 - 2	
Percentile Range	45 - 70	45 - 70	40 - 85	
Broad Jump (inches)				60
Mean	53.0	56.8	3.8	
Range	48 - 60	53 - 64	2 - 6	
Percentile Range	5 - 40	15 - 60		
Shuttle Run (seconds)				11.2
Mean	13.5	14.0	.5	
Range	15.1 - 12.6	16.6 - 12.2	+1.8 - 0.8	
Percentile Range	5 - 35	5 - 15		
Softball Throw (feet)				96
Mean	81.8	87.5	5.7	
Range	60 - 110	55 - 128	-5 - 18	
Percentile Range	10 - 50	15 - 80		
50 Yard Dash (seconds)				8.2
Mean	10.2	8.0	-1.3	
Range	11.3 - 8.4	9.9 - 7.5	-.9 - -2.4	
Percentile Range	5 - 30	5 - 80		
600 Yard Run-Walk (min.)				2:33
Mean	2:49	2:37	-:12	
Range	3:00 - 2:36	2:59 - 2:29	+:09 - :31	
Percentile Range	15 - 35	45 - 55		

Anecdotal records, samples of classwork and nine-week reports to parents were examined for each pupil. Using this information in addition to the end of the year staffing report from the Center, members of the Research Department were able to rate each pupil's progress in the areas of academic achievement; attitude toward self, others, and school; ability to function as a member of the group and improvement of work habits; and ability to reenter the regular program. The final staffing reports included the findings and recommendations of the coordinator on the case, the consultants in art, music and physical education, a psychologist, and a social worker from the Center and of the special teacher and principal or counselor from the school where the classroom was located. On the basis of this information each pupil was rated as having made much, moderate, slight, or little or no progress in each of the areas. Results of these ratings are shown in Table 37.

TABLE 37

APPARENT PROGRESS OF PUPILS ACCORDING TO FINAL STAFFING REPORTS, ANECDOTAL RECORDS, SAMPLES OF CLASS WORK, AND NINE-WEEK REPORTS, LEARNING DISABILITIES - ELEMENTARY, LEVEL II

	Number of Pupils			
Area	Much	Moderate	Slight	Little or None
Academic	6	1	3	1
Attitude toward self, others, and school	8	0	2	1
Ability to function as a member of the group and improvement of individual work habits	6	1	3	1
Ability to reenter regular classes	4	4	1	2

An important objective of this program is to enable pupils to reenter and function satisfactorily in the regular program. Progress of the pupils that are phased back into the regular school program will be followed closely.

COMMENTS

There was some evidence that most of the pupils progressed in achievement while in the supplementary classroom. Test results indicated that amounts of progress were not large. Other sources of information provided some evidence that more progress was made than that indicated on tests. Follow-up study will be made for each pupil.

The teacher and others felt that children's attitudes toward self, others, and school improved during the year. It was observed that over one-half of the pupils in the class made more than slight progress in the ability to function in classroom groups and in improvement of individual work habits.

Additional evidence of progress in achievement and adjustment was observed in that one pupil was phased back into the regular classroom program during the year and three more were recommended to begin the 1967-68 school year in regular classrooms. It appears to be too early in the project to identify the specific teaching techniques or specific instructional materials that were of greatest value. On the other hand, the practice of placing a small group of children with learning disabilities in a classroom with a specially-trained teacher, and providing a wide variety of instructional experiences with supportive services, apparently is beneficial to the children. Further efforts will be made to identify specific teaching techniques and materials which seem particularly effective with children having learning disabilities.

LEARNING DISABILITIES - JUNIOR HIGH SCHOOL

Children served in the learning disabilities classroom were those of junior high school age who possessed unusual behavioral and perceptual handicaps which were not caused primarily by emotional disturbances or social maladjustments. Children were included if they had indications of impairments such as the following: aphasia, neurological pathology, brain injury, hyperactive behavior, and undifferentiated disabilities. Children who possessed one or more of the above-mentioned characteristics, and who were unable to profit from instruction in a regular classroom, were provided classroom instruction and supportive services designed to enable them to reenter regular classroom programs.

OBJECTIVES

1. To enable pupils to achieve at levels appropriate to age, grade, and intelligence.
2. To improve attitudes toward self, others, and school.
3. To improve personal and social adjustments so that satisfactory contacts with environment can be made and reentry into regular classrooms can be effected.
4. To improve the individual's work habits and the ability to function as a member of a group.
5. To discover and devise effective teaching techniques and superior instructional materials for children with learning disabilities.

PROCEDURES

A classroom program was provided for children with learning disabilities in junior high, ages 13 - 15. A qualified classroom teacher guided the learning experiences with supportive assistance from music, art, and physical education personnel. Some students received adjustive services from psychologists and medical personnel. A class load of approximately eight pupils was maintained with the aim of helping pupils develop necessary skills and attitudes to enable them to reenter regular programs.

A wide variety of teaching methods, equipment, and instructional materials was utilized in accordance with the age, grade, and achievement levels of the group. While the curriculum was designed to meet the specific needs of the pupils being served, experiences such as those in regular classrooms were provided to the extent it was feasible to do so. Both individualized and group instruction were provided. Much of the regular schedule was waived, making it possible for the pupils to remain with the same teacher most or part of the day.

Pupils worked at their individual instructional levels. Much emphasis was placed upon acquisition of basic skills and academic achievement. Also, physical exercise, music, and art activities were provided daily with supportive assistance given by consultants at weekly intervals. Success experiences were provided which were designed to build self-confidence and feelings of personal and social adequacy for each individual. When children appeared to be able to profit from instruction in a regular classroom, they were phased back into regular programs.

EVALUATION STRATEGY

Both standardized tests and non-test sources of data were used in the evaluation of the junior high classrooms for learning disabilities. The Peabody Picture Vocabulary Test, the Wide Range Achievement Test, the Goodenough-Harris Drawing Test, and the AAHPER Youth Fitness Test were administered in the fall and again in the spring.

Non-test sources of data included pupil records, anecdotal records, samples of class work, staff evaluation reports, and case histories. Near the end of the year each pupil in the class was reevaluated in a formal staffing. The special classroom teachers submitted pupil records, anecdotal records, and samples of class work for each pupil collected periodically and throughout the year. Case histories were compiled for two randomly selected pupils in the class.

PRESENTATION OF EVALUATIVE DATA

Pupil records maintained by the classroom teacher and other school personnel gave the following information about the students:

Age range at entrance: 12 years, 1 month to 14 years, 7 months
Race: All Caucasian
Sex: Six male - five female
IQ: Binet 112, 99, 97, 83, 78 WISC 131, 108, 92, 87, 81, 73

Six pupils were placed in the room at the beginning of the year, another at the beginning of the second nine-week period, three at the beginning of second semester, and two at the beginning of the fourth nine-week period. One pupil moved from the area near the beginning of the school year. At or near the end of the school year five pupils were phased back into the regular classroom, one was transferred to a classroom for emotionally disturbed, two were recommended for placement other than public school programs, and three were recommended to be placed in the learning disability classroom at the beginning of next year.

Attendance records revealed that days present ranged from a low of seventy percent to a high of one hundred percent. The median attendance was approximately ninety percent.

Because of transfers, withdrawals and late entrance into the program, complete pretest and posttest data were not available for many of the pupils. No pretest and no posttest data were available for two of the pupils.

The Peabody Picture Vocabulary Test was chosen as a measure of verbal ability. The results of the test are presented in Table 38.

TABLE 38

PEABODY PICTURE VOCABULARY TEST RESULTS
FOR LEARNING DISABILITIES - JUNIOR HIGH

	Mental Age		IQ		%ile	
Student	Nov.	May	Nov.	May	Nov.	May
1	10-5	10-8	81	83	9	14
2	--	15-3	--	106	--	71
3	--	16-7	--	117	--	86
4	15-5	18-0	107	119	75	89
5	18-0	15-11	129	111	94	79
6	--	15-5	--	107	--	75
7	--	12-3	--	94	--	37
8	12-1	--	87	--	18	--
9	18-0	--	112	--	99	--

Three students had complete pretest and posttest data. These three had pretest mean of 106 and posttest mean of 104. The group of seven which took the May test had a mean score of 105.

It was originally hoped that the Goodenough-Harris Drawing Test could be used as a projective technique to assess personal adjustment. Because of the large number of referrals to the Center and the subsequent processing of them, the Center psychologists were unable to give sufficient time to analyze the tests. Therefore, the results are included here in Table 39 as an additional measure of intellectual maturity only.

TABLE 39

GOODENOUGH-HARRIS DRAWING TEST RESULTS
FOR LEARNING DISABILITIES - JUNIOR HIGH

	Man				Woman				Self			
	Standard Scores		%ile		Standard Scores		%ile		Standard Scores		%ile	
Student	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	75	73	5	4	80	71	9	3	85	79	16	8
2	--	87	--	19	--	84	--	14	--	87	--	19
3	--	64	--	1	--	50	--	1	--	50	--	1
4	106	78	66	7	103	86	58	18	93	81	32	10
5	71	62	3	1	63	64	1	1	67	59	1	1
6	--	115	--	84	--	81	--	10	--	87	--	19
7	--	75	--	5	--	66	--	1	--	63	--	1
8	95	--	37	--	100	--	50	--	98	--	45	--
9	84	--	14	--	63	--	1	--	78	--	7	--

The mean scores on the pretest and posttest for the three pupils who took both tests are listed below.

Man		Woman		Self	
Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
84	71	81	73	82	75

The Wide Range Achievement Test was chosen as a measure of the basic skills of reading, spelling, and arithmetic. It was thought that the result would provide base line data and a measure of progress. It is evident from Table 40 that enough data for comparison purposes is not available at this time.

TABLE 40

WIDE RANGE ACHIEVEMENT TESTS RESULTS FOR LEARNING DISABILITIES - JUNIOR HIGH

	Reading				Spelling				Arithmetic			
Student	G.E.		%ile		G.E.		%ile		G.E.		%ile	
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	3.5	2.2	3	1	---	3.0	---	1	3.4	3.9	3	3
2	---	7.5	---	37	---	4.3	---	---	---	2.3	---	1
3	9.1	13.5	55	95	11.2	11.6	83	83	10.1	13.3	70	94
4	5.4	6.9	14	27	4.9	4.9	10	8	4.9	5.3	10	12
5	---	13.8	---	98	---	8.4	---	50	---	6.9	---	27
6	---	6.0	---	23	---	6.7	---	---	---	5.3	---	14
7	3.9	---	3	---	3.7	---	2	---	6.9	---	21	---
8	5.2	---	13	---	4.0	---	5	---	---	---	---	---

Three students had complete pretest and posttest data. Since there is a wide range among these three scores, mean scores for pretest and posttest are not presented.

The three standardized tests have standard scores with a mean of 100 and a standard deviation of 15 for each norm classification. The standard score then becomes a useful tool to compare directly each student's performance on one test with his performance on the other tests. The standard scores for each student on each test are presented in Table 41.

TABLE 41

STUDENT STANDARD SCORES ON WIDE RANGE ACHIEVEMENT TEST (WRAT), GOODENOUGH-HARRIS DRAWING TEST (GHDT), AND PEABODY PICTURE VOCABULARY TEST (PPVT), LEARNING DISABILITIES - JUNIOR HIGH

	WRAT						GHDT						PPVT	
Student	Reading		Spelling		Arith.		Man		Woman		Self			
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	71	62	--	66	71	71	75	73	80	71	85	79	81	83
2	--	95	--	--	--	64	--	87	--	84	--	87	--	106
3	--	--	--	--	--	--	--	64	--	50	--	50	--	117
4	102	124	114	114	108	123	106	78	103	86	93	81	107	119
5	84	91	81	79	81	82	71	62	63	64	67	59	129	111
6	--	132	--	100	--	91	--	115	--	81	--	87	--	107
7	--	89	--	--	--	84	--	75	--	66	--	63	--	94
8	71	--	70	--	88	--	95	--	100	--	98	--	87	--
9	83	--	76	--	--	--	84	--	63	--	78	--	112	--

The greatest value of these test results will be as base line data for a longitudinal study of these pupils as they remain in the learning disability program or are phased back into the regular program. Such a follow-up will be conducted for the following two years at least.

A few of the pupils were included in the regular physical education program at the school where the classroom was located. Complete pretest and posttest results on the AAHPER Youth Fitness Test were available for only one pupil. Scores of five pupils for which some results are available indicate that these five were in the normal range for their age in physical skills.

A final staffing report including the findings of the coordinator on the case, the consultants in art, music, and physical education, a psychologist, and a social worker from the Center and of the special teacher and the principal or counselor from the school where the classroom was located were available for eight pupils. These reports along with information from anecdotal records, samples of class work, and nine-week reports to parents were used to arrive at a rating of the progress each pupil had made in each of the areas listed in Table 42. The table shows the number of pupils for each area whose evaluation and records indicated much, moderate, slight, or very little or no progress in that area.

TABLE 42

APPARENT PROGRESS OF PUPILS ACCORDING TO FINAL STAFFING REPORTS, ANECDOTAL RECORDS, SAMPLES OF CLASS WORK, AND NINE-WEEK REPORTS, LEARNING DISABILITIES - JUNIOR HIGH

Area	Number of Pupils Much	 Moderate	 Slight	 Little or None
Academic	4	1	1	2
Attitudes toward self, others and school	6	0	2	0
Ability to function as a member of the group and improvement of individual work habits	4	1	1	2
Ability to reenter regular classes	4	2	0	2

An important objective of this program is to enable pupils to reenter and function satisfactorily in the regular school program. Progress of pupils that are phased back into the regular classroom will be followed closely.

COMMENTS

Most of the test results indicated the pupils in the classroom were in the normal range of ability. The Goodenough-Harris Drawing Test was the exception. The question is raised as to whether this test is useful to measure the intellectual maturity of junior high school pupils with learning disabilities. Achievement test results were too incomplete to be of much value in assessing progress in achievement. Non-test information provided some evidence that over one-half of the pupils made more than slight progress in achievement.

The teacher and others observed that three-fourths of the pupils made much improvement in their attitudes toward self, others and school. It appeared that over one-half of the pupils made substantial progress in the ability to function in group situations and in the improvement of individual work habits. The fact that five were phased back into regular classrooms probably provides the most valuable evidence of progress toward objectives related to attitudes as well as achievement.

The practice of placing a small group of pupils with learning disabilities in a classroom with a specially-trained teacher, and providing a wide variety of instructional experiences with supportive services, appears to be beneficial. It cannot be determined at this time which specific techniques and materials were most effective. It is hoped that some of these can be identified as the project is carried out.

HEARING HANDICAPPED - PRE-SCHOOL

Children served in the classroom for hearing handicapped of pre-school age were those who have hearing impairment to the extent that communication and speech skills cannot be learned adequately without specialized instructional procedures and equipment. The pre-school program is designed to provide systematic early training in language skills.

OBJECTIVES

1. To enable children with hearing handicaps to observe, attend, imitate, concentrate, remember, and reason through the use of the senses.
2. To help each child make use of any residual hearing that he may possess.
3. To improve the skill of lipreading.
4. To improve the ability of each child to communicate with language and to respond to the communication of others.
5. To help develop speech and vocabulary.
6. To improve personal and social adjustment so that children are able to function satisfactorily in group learning and other social situations.
7. To discover and devise effective teaching techniques and superior instructional materials for children with hearing handicaps.

PROCEDURES

A classroom was provided for pre-school children who have hearing handicaps. A qualified classroom teacher guided the learning experiences with assistance from a half-time aide and supportive service from music, art, and physical education consultants. A class load of no greater than seven pupils was maintained. Special equipment and a wide variety of instructional materials were utilized.

Learning activities in sense training included visual, tactile, and auditory experiences. Methods used in language development included imitation through simple games and choral speaking and conversation. In speech development use was made of the mirror, imitation, and touch. Both incidental situations and created situations were utilized in teaching lipreading. Every opportunity was used to teach children to associate simple language and words with their meanings. Free play and flexible classroom situations were used to encourage socialization. Success experiences were provided to enable children to develop feelings of adequacy.

EVALUATION STRATEGY

Very few standardized tests are available that can be used with hearing handicapped children of this age. The Nebraska Test of Learning Aptitude was administered to some of the pupils and will be administered to others in the class during the coming year.

Non-test sources of evaluation data included pupil records, anecdotal records, samples of class work, case histories, rating scales, and physical skill performances. Pupil records, anecdotal records and samples of class work were submitted by the classroom teacher. Case histories were compiled for two randomly selected pupils in the classroom. A rating scale and an accompanying guide based on the actual curriculum plan for the class were developed during the first part of the school year by the Research Department and the teacher. The teacher used the scale to rate each pupil in the class in January and again in May. A copy of the scale is included in Appendix B. The pupil's performances on a set of physical skills similar to those in the AAHPER Youth Fitness Test but modified for the younger children were recorded in the fall and again in the spring.

PRESENTATION OF EVALUATIVE DATA

Individual pupil records give the following information about the pupils:

Age range at entrance: 3 years, 9 months to 6 years, 9 months
Sex: Seven male - two female
Race: Eight Caucasian, one Negro

Six pupils were placed in the class at the beginning of the year. One entered at the beginning of the second nine-week period and two more entered at the beginning of the second semester. Three of the original pupils were transferred to the primary room for hearing handicapped pupils at the end of the first nine-week period and two moved away at the end of the third nine-week period.

Attendance records show that individual pupil's attendance varied from a low of ninety percent to a high of ninety-nine percent. The median was ninety-two percent. Six pupils were enrolled in the class less than fifty days each.

Both fall and spring performances on certain physical skills were available for three pupils in the class. Norms were not available for children of this age. Table 43 shows the individual performances of the three pupils on each exercise.

TABLE 43

PHYSICAL FITNESS TEST RESULTS FOR
HEARING HANDICAPPED - PRE-SCHOOL

		Sit-ups (number)		Standing Broad Jump (inches)		Shuttle Run (seconds)		Softball Throw (feet)		25 Yard Dash (seconds)	
	Age	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Boy	7	0	1	29	25	14.9	13.8	18	22	11.9	11.4
Boy	5	0	3	20	30	14.2	13.0	18	22	10.6	9.8
Girl	4	4	4	14	26	18.6	16.9	8	12	8.6	8.5

It can be seen in the table that performance improved on nearly every exercise for each pupil.

A rating scale and guide was developed with the help of the teachers in the hearing handicapped classrooms. Each pupil was given a rating from 1 to 5 on each item of the scale according to the five levels of performance for that item which were described in the guide. The scale was designed to reflect the actual curriculum planned for the hearing handicapped classrooms. Under the general headings of sense training, socialization, basic learning skills and concepts, and speech elements and vocabulary several items were listed under various subheadings.

TABLE 44

RATINGS BY TEACHER OF PRE-SCHOOL HEARING HANDICAPPED PUPILS

Student	1		2		3		4		Mean Scores	
	Jan.	May	Jan.	May	Jan.	May	Jan.	May	Jan.	May
I. Sense Training										
Auditory	2.8	3.0	2.2	2.6	1.3	4.3	1.6	2.4	2.0	3.1
Visual	2.3	2.4	3.0	4.7	4.6	4.9	1.0	1.6	2.7	3.4
Tactile	2.1	2.3	3.0	4.7	4.7	4.9	1.0	1.6	2.7	3.4
II. Socialization										
Sharing	2.5	3.5	1.0	1.8	4.0	4.5	2.5	2.0	2.5	3.0
Following Rules	1.0	2.2	1.0	2.2	3.4	4.0	1.6	2.0	1.8	2.6
Responsibilities	3.5	3.6	1.4	2.4	3.0	3.6	2.0	2.4	2.5	3.0
III. Basic Learning Skills										
Manipulative Development	2.9	4.1	1.9	4.1	3.2	4.1	1.6	2.4	2.4	3.7

Children in the pre-school class were rated in January and again in May. All items on the scale were not included in the curriculum for the pre-school class. Scores for four pupils who were included in both ratings are shown in Table 44. Items under all subheadings for sense training and socialization and some of the items under basic learning skills were appropriate to the pre-school pupils. Average ratings for each pupil and the group were computed for each subheading. Although there were exceptions on some individual items under each subheading, the average ratings show each pupil making some progress in all areas. The scale has not been developed to the extent that units of growth are equal. Neither is it possible to compare with any meaning a rating for one subheading with that of another.

Information from the case histories and anecdotal records support the validity of the rating scale results. Some samples of pupil's drawings and other class work also provided evidence of improved performance.

COMMENTS

The major emphasis in the class for hearing handicapped children of pre-school age was on developing language and socialization skills. Non-test sources of information indicated that children improved in the ability to communicate and in personal and social adjustment. Physical fitness test results indicated improvement in physical skills.

The rating scale and guide based upon the curriculum plan, when further tested and refined, may be useful as a model for similar classes. Additional information concerning its usefulness will be obtained during 1967-68.

Further study will be required before particularly effective teaching techniques and instructional materials can be positively identified. It has been demonstrated that pre-school children with severe hearing handicaps can benefit from experiences in a classroom setting with supportive services.

HEARING HANDICAPPED - PRIMARY LEVEL

Children of ages six to nine years who have hearing impairments to the extent that communication and speech skills cannot be learned adequately without specialized instructional procedures and equipment were served in the primary classroom for hearing handicapped. The primary program was designed to provide experiences which will enable children to later be placed in regular classrooms.

OBJECTIVES

1. To enable children with hearing handicaps to observe, attend, imitate, concentrate, remember, and reason through the use of the senses.
2. To help each child make use of any residual hearing he may have.
3. To improve the skill of lipreading.
4. To improve the ability of each child to communicate using language and to respond to the communication of others.
5. To help develop speech and vocabulary.
6. To improve personal and social adjustment so that children are able to function satisfactorily in group learning and other social situations.
7. To discover and devise effective techniques and superior instructional materials for children with hearing handicaps.

PROCEDURES

A classroom was provided for hearing handicapped children of primary school age. A qualified classroom teacher guided the learning experience with assistance from a half-time aide and supportive services from art, music, and physical education consultants. A class load of no more than seven pupils was maintained. Special equipment and a wide variety of instructional materials suited to the children were utilized.

Learning experiences in sense training included visual, tactile, and auditory. Methods used in language development included conversation and imitation through simple games and choral speaking. In speech development use was made of the mirror, imitation and touch. Both incidental situations and created situations were utilized in teaching lipreading. Every opportunity was used to teach children to associate simple language and words with their meanings. Free play and flexible classroom situations were used to encourage socialization. Success experiences were provided to enable children to develop feelings of adequacy.

EVALUATION STRATEGY

Very few standardized tests are available that are suitable for use with hearing handicapped children of primary age. The Nebraska Test of Learning Aptitude was administered to some of the pupils and will be administered to others in the class during the coming year.

Non-test sources of evaluation data included pupil records, anecdotal records, samples of class work, nine-week reports to parents, case histories, rating scales and physical skill performances. Pupil records, anecdotal records, periodic samples of class work, and nine-week reports were available from the teacher. Case histories were compiled for two randomly selected pupils. A rating scale and an accompanying guide based on the actual curriculum plan for the classroom were developed during the first part of the school year by the Research Department and the teacher. The teacher used the scale to rate each pupil in the class in January and again in May. A copy of the scale is included in Appendix B. The pupil's performances on a set of physical skills similar to those in the AAHPER Youth Fitness Test were recorded in the fall and again in the spring.

PRESENTATION OF EVALUATIVE DATA

Individual pupil records reveal the following information about the pupils:

Age range at entrance: 6 years, 4 months to 7 years, 10 months
Sex: Seven males - two females
Race: All Caucasian

Five pupils were placed in the classroom at the beginning of the school year. At the beginning of the second nine-week period three more pupils entered the class and four transferred out. One moved away, two were transferred to another classroom for hearing handicapped children, and one was transferred to the homebound program. Another pupil was placed in the classroom at the beginning of second semester.

Attendance records show that attendance of individuals varied from one pupil who was present only sixty percent of the time to two who were present one hundred percent of the time. The median attendance was ninety-seven percent.

Performances on certain physical skills for both fall and spring were available for five pupils in the class. No norms were available for children of this age. The means and ranges on each exercise for the five pupils are shown in Table 45. The group mean was improved for each exercise. With the exception of two pupils on the sit-ups exercise each pupil improved on every exercise.

TABLE 45

PHYSICAL FITNESS TEST RESULTS
FOR HEARING HANDICAPPED - PRIMARY

Measures	Fall	Spring	Gain
Sit-ups (number)			
Mean	8.8	11.2	2.4
Range	0 - 14	1 - 30	-4 - 17
Broad Jump (inches)			
Mean	29.6	35.2	5.6
Range	20 - 44	22 - 48	2 - 11
Shuttle Run (seconds)			
Mean	14.8	13.8	-1.0
Range	17.8 - 12.4	16.8 - 11.9	-.4 - -2.1
Softball Throw (feet)			
Mean	23.8	35.0	11.2
Range	12 - 50	18 - 65	6 - 15
25 Yard Dash (seconds)			
Mean	7.6	7.3	-.3
Range	8.6 - 6.2	8.4 - 6.0	-.2 - -.3

A rating scale and an accompanying rating guide were developed during the first semester by the Research Department with the help of the classroom teachers. The scale was based upon the actual curriculum for the hearing handicapped classrooms. For each item on the scale the guide contains descriptions of five levels of performance on that item. The rater gives the pupil a rating of 1 to 5 according to the description that most nearly fits the pupil's ability to perform on that item. A copy of the rating scale is included in Appendix B.

The teacher for the primary hearing handicapped classroom rated pupils in the class in January and again in May. Five of the pupils were in the class at both of these times. Results of the ratings are shown in Table 46. Scores for subheadings are shown for individual pupils. These scores were obtained by averaging the ratings for each item under the subheading. The mean scores for the five pupils are also shown for each subheading.

The scale is not sufficiently developed so that items are equivalent. However the anecdotal records, nine-week reports, samples of class work and case histories all support the validity of the direction of change indicated by the ratings. The teacher's knowledge of the individual pupils due to the small class size and the similarity of the scale items to the actual curriculum are also strong arguments for the validity and reliability of the ratings. While there were items or areas on which individual pupils showed little or no improvement, the mean scores for the five pupils were higher in May for every subheading in Table 46. The section on language concepts did not require a rating but simply a yes or no as to whether the pupil had developed each concept listed. There was an increase in the number of yeses from January to May for some pupils in the class.

TABLE 46

RATINGS BY TEACHER OF PRIMARY HEARING HANDICAPPED PUPILS

Student	1		2		3		4		5		Mean Scores	
	Jan.	May	Jan.	May	Jan.	May	Jan.	May	Jan.	May	Jan.	May
I. Sense Training												
Auditory	1.3	1.7	1.7	3.1	4.2	4.7	4.2	4.9	3.8	4.2	3.0	3.7
Visual	1.0	2.0	1.4	1.3	2.4	3.9	4.7	4.7	3.4	3.7	2.6	3.1
Tactile	1.0	2.0	1.4	1.6	2.4	4.1	4.4	4.7	3.1	4.1	2.5	3.3
II. Socialization												
Sharing	2.0	2.0	1.0	2.0	4.0	5.0	4.0	5.0	2.0	4.0	2.6	3.6
Following Rules	1.0	2.0	1.2	2.0	3.0	4.0	5.0	5.0	1.2	2.6	2.3	3.1
Responsibilities	2.1	2.8	1.1	2.5	4.1	4.5	4.8	5.0	2.9	4.0	3.0	3.8
III. Basic Learning Skills												
Manipulative Development	3.1	4.5	2.1	3.0	5.0	5.0	5.0	5.0	4.8	5.0	4.0	4.5
Matching	2.0	2.0	1.2	2.1	5.0	5.0	5.0	5.0	4.4	5.0	3.5	3.8
Vocal Skills	1.0	1.1	1.0	1.0	1.7	2.3	3.5	4.2	2.0	2.3	1.8	2.2
Reading	x	1.0	x	1.5	4.5	5.0	4.5	5.0	4.5	5.0	4.5	5.0*
Writing Readiness	2.0	4.0	2.0	3.0	5.0	5.0	5.0	5.0	5.0	5.0	3.8	4.4
Arith. Concepts	x	x	x	x	4.5	4.8	4.5	4.8	4.5	4.8	4.5	4.8*
Lipreading & Speech Vocabulary	1.0	x	1.0	1.4	2.4	3.5	3.5	4.8	3.0	2.9	2.5	3.2**
IV. Language Development thru Speech Elements												
Speech Elements	x	x	x	x	1.7	3.7	3.4	4.8	2.2	4.0	2.4	4.2*
Vocab. Learned from Speech Elements	x	x	x	x	2.0	4.3	4.2	4.9	2.7	4.0	3.0	4.4*
Language Concepts Yes					4	4		11		5	.8	4
Language Concepts No	14	14	14	14	10	10	14	3	14	9	13.2	10

x Not Rated   * Three Students   ** Four Students

COMMENTS

The major emphasis in the class for hearing handicapped children of primary school age was on developing language and socialization skills sufficiently to enable pupils to enter regular classrooms. Non-test sources of information indicated that children improved in sense training, personal and social adjustment, basic learning skills and language development. Improvement in physical skills was shown. At the end of the school year none were considered ready for placement in the regular school program.

The rating scale and guide based upon the curriculum plan, when further tested and refined, may be useful as a model for similar classes. Additional information concerning its usefulness will be obtained during 1967-68.

Further study will be required before particularly effective teaching techniques and instructional materials can be positively identified. It has been demonstrated that children with severe hearing handicaps can benefit from experiences in a classroom setting with supportive services. It has not been determined whether or not this type of experience can enable hearing handicapped pupils to function satisfactorily in a regular classroom.

SEVERELY ORTHOPEDICALLY HANDICAPPED - SECONDARY SCHOOL AGE

The pupils served in the classroom for severely orthopedically handicapped pupils of secondary school age possessed limiting orthopedic conditions which prevented them from participating in regular instructional programs. Also, their conditions were such that homebound or hospitalized programs were unsuited. Students possessing the following conditions have been served: spastic, brain damage; post spinal bifida; paraplegia; and athetoid cerebral palsy. Because of the individual nature of each handicap and the wide range of capabilities exhibited by the pupils, the program of instruction was highly individualized.

OBJECTIVES

1. To enable pupils to achieve academically at levels appropriate to age, grade, and intelligence.
2. To enable pupils to gain skills which will increase employability.
3. To improve the ability to function in group learning and other social situations.
4. To widen the range of interests of each pupil.
5. To improve the personal adjustment of each pupil.
6. To discover and devise effective teaching techniques and superior instructional materials for severely orthopedically handicapped children.

PROCEDURES

The qualified classroom teacher, aide, and the personnel who provided supportive services presented an individualized program of instruction planned to meet specific needs of the pupils. Special materials, games, charts, and equipment were provided to help pupils succeed in their work. Academic skills were emphasized, and instructional materials provided in regular classrooms were utilized wherever pupils were able to profit from their use. Some adaptation of the regular academic curriculum of the Wichita Public Schools was necessary.

Whenever feasible, group instruction and other group activities were utilized to enable pupils to function in social situations. Opportunities for creative expression were presented, and pupils were encouraged to pursue special interests.

EVALUATION STRATEGY

Three standardized tests were used in the evaluation of the program for severely orthopedically handicapped pupils. The Peabody Picture Vocabulary Test was chosen as a measure of verbal ability. The Wide Range Achievement Test was used to assess progress in reading, spelling, and arithmetic. The Goodenough-Harris Drawing Test was originally chosen with plans to use it as a projective measure of personal adjustment. Demands on the Center psychologist's time due to the large number of referrals processed did not leave sufficient time for this type of analysis of the results. For this reason the results will be included as an additional measure of intellectual maturity.

Non-test sources of evaluative data were pupil records, anecdotal records, samples of class work and case histories. The classroom teacher maintained individual and anecdotal records for each pupil. She also submitted periodic samples of written class work. Case histories were compiled for two randomly selected pupils in the class.

PRESENTATION OF EVALUATIVE DATA

Individual pupil records give the following information about the pupils:

Age range at entrance: 12 years, 6 months to 22 years, 1 month
Race: Five Caucasians
Sex: Five male

Four pupils were placed in the class at the beginning of the school year and one at the beginning of the second nine-week period. Two of the pupils withdrew from the class in January leaving only three in the class for the remainder of the year.

Attendance records for the three pupils who were in the class for the entire year indicate one was absent 19 days, one was absent 4 days, and the other one 2 days. One other pupil was enrolled in the class 86 days with no absences, and one was enrolled 33 days with two absences.

The results of the Peabody Picture Vocabulary Test for the three pupils who were in the class the entire year are shown in Table 47. One pupil's score shows a large increase while one shows a slight increase and one a slight decrease.

TABLE 47

PEABODY PICTURE VOCABULARY TEST RESULTS FOR SEVERELY ORTHOPEDICALLY HANDICAPPED PUPILS

Student	Mental Age Nov.	Mental Age May	IQ Nov.	IQ May	%ile Nov.	%ile May
1	8-9	10-7	66	72	1	1
2	7-8	13-11	63	96	1	42
3	12-1	11-4	93	90	34	27

Table 48 shows the results of the Wide Range Achievement Test. Both a grade equivalent score and a percentile rank is given. The percentile rank refers to a normative group of the same chronological age. The reading scores show slight decreases for two of the pupils. All three show some increase in the spelling scores. With only three pupils in the group it will take further time and testing to determine if these differences have any significance. The large improvement in the arithmetic score for the pupil who took both tests in arithmetic apparently represents some improvement in that area.

TABLE 48

WIDE RANGE ACHIEVEMENT TEST RESULTS FOR SEVERELY ORTHOPEDICALLY HANDICAPPED PUPILS

	Reading				Spelling				Arithmetic			
Stu-	G.E.		%ile		G.E.		%ile		G.E.		%ile	
dent	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	2.2	2.4	1	1	3.3	3.7	1	2	---	2.9	-	1
2	6.0	5.4	14	8	5.5	6.1	10	13	---	3.4	-	2
3	5.4	4.4	16	7	3.0	4.6	3	8	5.7	9.0	23	68

The Goodenough-Harris Drawing Test seems to be of limited value with the severely orthopedically handicapped because of their physical disabilities. It is interesting to note that the pupil whose score was greatly improved on this test also showed a large gain on the Peabody Picture Vocabulary Test. However, the pupil whose score was much lower on the posttest showed only a slight decrease in his performance on the Peabody Picture Vocabulary Test. The results of the Goodenough-Harris Drawing Test are shown in Table 49.

TABLE 49

GOODENOUGH-HARRIS DRAWING TEST RESULTS FOR SEVERELY ORTHOPEDICALLY HANDICAPPED PUPILS

	Man				Woman				Self			
	Standard Scores		%ile		Standard Scores		%ile		Standard Scores		%ile	
Student	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	50	--	1	-	52	--	1	-	50	--	1	-
2	58	92	1	29	55	88	1	21	58	89	1	23
3	83	58	13	1	66	51	1	1	81	58	10	1

The three standardized tests have standard scores with a mean of 100 and a standard deviation of 15 for each normative group. The standard score then becomes a useful tool to compare directly each student's performance on one test with his performance on the other tests. The standard scores for each student on each test are presented in Table 50.

TABLE 50

STUDENT STANDARD SCORES ON WIDE RANGE ACHIEVEMENT TEST (WRAT), GOODENOUGH-HARRIS DRAWING TEST (GHDT), AND PEABODY PICTURE VOCABULARY TEST (PPVT), SEVERELY ORTHOPEDICALLY HANDICAPPED

	WRAT						GHDT						PPVT	
Student	Reading		Spelling		Arith.		Man		Woman		Self			
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	62	63	67	69	--	65	50	--	52	--	50	--	66	72
2	84	79	81	83	--	68	58	92	55	88	58	89	63	96
3	85	78	71	79	89	107	83	58	66	51	81	58	93	90

Case histories, anecdotal records, and samples of class work provided additional evaluative information for the three pupils who were in the course the entire year. These sources indicated that one pupil had made much progress in improving academic skills and in improving ability to function in group learning and other social situations. Two pupils had made moderate progress in these areas. All three pupils appeared to have made moderate progress in improving skills to increase employability and in increasing their range of interests. The anecdotal records indicated that two pupils had made a great deal of progress in personal adjustment and one only slight improvement in this area.

COMMENTS

The major emphasis in the program for severely orthopedically handicapped pupils was on habilitative programming to enable pupils to pursue a program of studies and activities commensurate with their potentials. The fact that pupils who could not otherwise attend were served in a public school setting provided evidence of program success.

Non-test sources of information indicated that pupils improved in skills and in personal and social adjustment. Test results appear to be of limited value at this point. The results may be of value as the progress of individuals is followed.

As was expected, instruction in academic areas had to be highly individualized. Pupils seemed to enjoy participating in group activities whenever possible. Additional study will be required to positively identify techniques and materials which are particularly effective. It has been shown that severely orthopedically handicapped pupils can benefit from experiences in a public school classroom setting with supportive services.

TRAINABLE MENTALLY HANDICAPPED - SECONDARY SCHOOL AGE

One supplementary classroom for severely mentally retarded students of secondary school age was maintained throughout the year as a part of the Title III project. During the fall eight students were placed in the classroom. Seven of the eight remained to the end of the school year. One was placed in a state institution for mentally retarded early in the spring.

OBJECTIVES

1. To improve communicative abilities.
2. To improve physical skills.
3. To enable students to more adequately care for themselves.
4. To improve personal social adjustment.
5. To develop work habits, attitudes and skills.
6. To promote worthy use of leisure time activities.
7. To discover and devise effective teaching techniques and superior instructional materials for trainable mentally handicapped students.

PROCEDURES

A classroom equipped with a wide variety of furniture, audio-visual and other equipment, and instructional materials was utilized. A workshop setting was provided in which experiences designed to develop skills, understandings, habits and attitudes were given. A qualified classroom teacher, classroom aide, and supportive personnel guided the instruction which was, at times, largely individualized.

Muscle coordination exercise, physical fitness activities, and organized games promoted physical growth and development. Experiences pertaining to personal hygiene, care of clothing, eating habits, health habits, and safety rules were an important part of the curriculum. Communicative abilities were improved by listening and speaking activities along with word recognition exercises. Activities pertaining to personal and social adjustment included participation in groups and sharing experiences. Work skills, habits and attitudes were improved through participation in activities such as care of equipment and materials, preparation and serving of food, cleaning, care of clothing, and encouragement concerning home responsibilities. By providing a variety of listening and viewing activities, art and music experiences, sports and games, worthy use of leisure time was encouraged.

EVALUATION STRATEGY

Both test and non-test sources of data were used in the evaluation of the program for trainable mentally handicapped children. After consultation with researchers and others knowledgeable in the field of education of exceptional children, the Peabody Picture Vocabulary Test, the Wide Range Achievement Test, and the AAHPER Youth Fitness Test were selected. These standardized tests were administered in the fall and again in the spring to pupils in the TMH program.

Non-test sources of evaluation data included pupil records, anecdotal records, samples of class work, teacher ratings, and case histories. Pupil records, anecdotal records and samples of class work were kept throughout the year by the special classroom teacher. A rating scale based on the program curriculum was devised. A copy of the scale is included in Appendix B. The pupils were rated in January and again in May by the special classroom teacher.

PRESENTATION OF EVALUATIVE DATA

Examination of pupil records maintained by the classroom teachers and other school personnel revealed the following information about the students:

Date of entrance: Six students entered 8-31-66, one student entered 9-6-66, and one student entered 10-10-66

Age range at entrance: 14 years, 2 months to 17 years, 4 months
Mean age: 16 years, 2 months

Sex: Five males - three females

Race: All Caucasian

IQ: Binet 44, 43, 30, 30, 30, 20 WISC 46, 38

TABLE 51

ATTENDANCE RECORD OF INDIVIDUAL PUPILS IN THE TRAINABLE MENTALLY HANDICAPPED CLASSROOM

Pupil	1	2	3	4	5	6	7	8
Present	170	164½	132½	174½	147	157½	179	141½
Absent	10	15½	6½	5½	11	22½	1	38½

The student with the IQ score of 20 withdrew on April 3, 1967 and was placed in a state training institution for mentally retarded. All other students were in the classroom until the end of the school year. Overall, the attendance record of the class might be considered good.

The Peabody Picture Vocabulary Test was chosen as a measure of verbal ability. The test results are shown in the following table.

TABLE 52

PEABODY PICTURE VOCABULARY TEST RESULTS FOR TRAINABLE MENTALLY HANDICAPPED - SECONDARY SCHOOL AGE

	Mental Age		IQ		%ile	
Student	Nov.	May	Nov.	May	Nov.	May
1	4-0	4-7	33	37	1	1
2*	8-9	7-10	61	56	1	1
3	No valid results in fall. No longer in class in May.					
4	4-7	4-11	37	40	1	1
5	5-5	6-3	55	53	1	1
6	6-3	8-1	56	66	1	1
7	5-2	5-7	43	44	1	1
8*	10-10	8-11	72	62	2	1

*Test administered to these students in January, 1967 rather than November 1966.

The use of the PPVT results for group analysis is limited by the small number of students involved. Examination of the data reveals that the mean IQ scores on the pretest and posttest were approximately the same. Generally, the IQ scores on the PPVT were 10-15 points higher than the Binet and WISC scores.

The Wide Range Achievement Test was chosen as a measure of the basic skills of reading, spelling, and arithmetic. It was felt that the test results would provide base line data as well as provide measures of progress. The results of the fall administration of the reading and arithmetic tests were found to be not valid because of errors in test administration. Therefore, only the results obtained in May on these two tests can be used as evaluative information. In addition to these, both the November and May results of the spelling test are presented in the following table.

TABLE 53

WIDE RANGE ACHIEVEMENT TEST RESULTS FOR TRAINABLE MENTALLY HANDICAPPED - SECONDARY SCHOOL AGE

	Reading				Spelling				Arithmetic			
	G.E.		%ile		G.E.		%ile		G.E.		%ile	
Student	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1		1.0		.4	1.3	1.6	.5	.7		Kg4		.1
2*		2.0		.9	1.9	3.0	.8	1.0		1.5		.6
3	No valid results were obtained for this student. Student was no longer in class in May.											
4		Kg2		.09	1.6	1.6	.7	.7		N 9		.03
5		3.2		1.0	2.2	4.0	.0	2.0		1.0		.2
6		2.0		.9	1.6	1.6	.6	.5		Kg8		.1
7		1.8		.8	1.3	1.6	.5	.7		Kg2		.09
8*		1.3		.5	1.9	1.9	.8	.8		Kg6		.2

*Pretest taken in January instead of November.

As in the case of the PPVT results, the use of the WRAT results for group analysis is limited by the small number of students taking the test. The fact that fall measures for reading and arithmetic are not available further limits the analysis.

Examination of the test results reveals that achievement in arithmetic was lower than achievement in reading and spelling. A small mean gain was indicated on the posttest in spelling.

The two standardized tests used in this report have standard scores with a mean of 100 and a standard deviation of 15. The standard score then becomes a useful tool to compare directly each student's performance on one test with his performance on the other test. The standard scores for each student on each test are presented in Table 54.

TABLE 54

STUDENT STANDARD SCORES ON WIDE RANGE ACHIEVEMENT TEST (WRAT)
AND PEABODY PICTURE VOCABULARY TEST (PPVT)
TRAINABLE MENTALLY HANDICAPPED - SECONDARY SCHOOL AGE

	WRAT						PPVT	
	Reading		Spelling		Arithmetic			
Student	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	--	56	57	59	--	53	33	37
2	--	61	60	64	--	58	61	56
3	--	--	--	--	--	--	--	--
4	--	52	59	59	--	46	37	40
5	--	64	61	69	--	54	55	53
6	--	61	58	57	--	53	56	66
7	--	60	57	59	--	52	43	44
8	--	57	60	60	--	54	76	62

One of the objectives of the supplementary program was the improvement of the physical skills of students. Results of research studies indicate that the retarded usually lag behind normal children in motor performance even though they approach normal children in physical development.

The American Association for Health, Physical Education, and Recreation (AAHPER) Youth Fitness Test was chosen to give a measure of physical fitness for the boys and girls in the classroom. The test is a battery of seven test items designed to evaluate specific aspects of physical status. National norms have been determined for normal children, but there are no national norms available for retarded children.

Use of the test provided data which made it possible (1) to compare the performance of severely mentally retarded students with that of normal students, and (2) to compare the fall and spring performance of the retarded students. The results of the tests are shown in Table 55 and Table 56.

TABLE 55

RESULTS OF AAHPER YOUTH FITNESS TEST FOR FOUR TRAINABLE MENTALLY HANDICAPPED BOYS, AGE 17

Measures	Pretest	Posttest	Gain	National Median Normal Students
Sit-ups (number)				
Mean	11.5	16.8	5.3	70
Range	6 - 20	12 - 20	0 - 12	
Percentile Range	0 - 5	0 - 5		
Broad Jump (inches)				
Mean	39.0	49.3	10.3	87
Range	24 - 52	30 - 71	6 - 19	
Percentile Range	0 - 5	0 - 10		
Shuttle Run (seconds)				
Mean	15.5	14.7	.8	9.8
Range	11.7 - 19.7	11.5 - 17.6	2. - 2.1	
Percentile Range	0 - 5	0 - 10		
Softball Throw (feet)				
Mean	61.3	83.8	22.5	190
Range	29 - 94	38 - 155	-12 - 83	
Percentile Range	0 - 5	0 - 20		
50 Yard Dash (seconds)				
Mean	10.1	9.4	.7	6.6
Range	9.2 - 10.9	7.6 - 12.6	-.5 - 1.6	
Percentile Range	0 - 5	0 - 10		
600 Yard Run-Walk (sec.)				
Mean	262	250	12	110
Range	188 - 335	154 - 321	-13 - 34	
Percentile Range	0 - 5	0 - 10		

Note: Percentiles and national median scores from tables based on 1964-65 nationwide sampling of normal boys by age on last birthday.

TABLE 56

RESULTS OF AAHPER YOUTH FITNESS TEST FOR THREE TRAINABLE MENTALLY HANDICAPPED GIRLS, AGES 15, 15, AND 17

Measures	Pretest	Posttest	Gain	National Median Normal Students	
				Age 15	Age 17
Sit-ups (number)					
Mean	4.7	15.7	11.0	26	27
Scores	1, 10, 3	16, 20, 11			
Percentile Range	0 - 10	10 - 30			
Modified Pull-ups (number)					
Mean	14.3	28.3	14.0		
Scores	24, 12, 7	50, 25, 10			
Percentile Range	No norms available for this test				
Broad Jump (inches)					
Mean	28.7	34.3	5.6	64	65
Scores	13, 46, 27	19, 53, 31			
Percentile Range	0 - 5	0 - 10			
Shuttle Run (seconds)					
Mean	13.9	14.7	-.8	11.3	11.2
Scores	11.9, 15.8	13.7, 15.6			
Percentile Range	0 - 25	0 - 10			
Softball Throw (feet)					
Mean	32.3	36.7	4.4	78	75
Scores	8, 50, 39	18, 70, 22			
Percentile Range	0 - 10	0 - 35			
50 Yard Dash (seconds)					
Mean	12.1	12.4	-.3	8.1	8.2
Scores	14.6, 10.6, 11.2	14.5, 11.2, 11.6			
Percentile Range	0 - 5	0 - 5			
600 Yard Run-Walk (seconds)					
Mean	-	-	-	166	171
Scores	-	186, 228			
Percentile Range		5 - 35			

Note: Percentiles and national median scores from tables based on 1964-65 nationwide sampling of normal girls by age on last birthday.

As with other tests, the small number of students taking the tests limits the group analysis. The person administering the tests felt the results of the "pull-ups" test for the boys were not valid. No fall results for the girls' "600 yard run-walk" test were reported.

It can be seen that the performance of the students fell far below the median performance of children of the same age who constituted the norm group. However, mean gains which might be interpreted as satisfactory were shown in most cases. In the "shuttle run" and "50 yard dash" for girls the mean performance was lower on the posttest than on the pretest. The test norms indicate that girls of this age normally do not improve their time from year to year in these events.

During the first semester of the school year a curriculum rating guide and a rating scale were developed by the supplementary classroom teacher and Research Department personnel. A copy of the rating scale is presented in Appendix B. Each student was given a rating by the classroom teacher on each item at the beginning of the school year. Performance levels 1 - 5 were described in the guide with 5 representing the greatest amount of skill or independence. On some items students were given ratings of zero. A rating of zero indicated (1) lack of participation in the activity or (2) less skill than a rating of "1" indicated. Table 57 shows the mean scores for the class for January and May.

According to the mean scores, some growth was shown in each of the six major areas of the curriculum for the group as a whole. However, this must be interpreted as only an indication of progress. The instrument was not standardized, and intervals of the scales probably are not equal. Revisions of the guide and scales are planned for next year.

TABLE 57

MEAN SCORES ON SELECTED CURRICULUM GUIDE ITEMS FOR TRAINABLE MENTALLY HANDICAPPED STUDENTS

Guide Items	N = 7	Mean Scores Jan.	Mean Scores May
Physical Growth and Development			
Motor Development		3.4	3.5
Manipulative Development		1.9	2.3
Organized Games		1.3	2.4
Musical Games and Rhythm		3.2	3.9
Self Care			
Personal Hygiene		2.7	3.3
Clothing		3.9	4.2
Eating		4.0	4.5
Safety		2.9	3.4
Communicative Abilities			
Listening and Speaking		3.5	4.1
Identification		3.7	4.6
Word Recognition		3.7	3.9
Writing		3.6	3.9
Number, Time, and Money		3.3	3.4
Social Adjustment			
Group Participation		4.3	4.7
Consideration of Others		3.6	3.7
Respect for Property		3.9	4.4
Reverence toward Religion		4.0	4.1
Sharing		4.2	4.5
Work Skills and Habits			
Care of Equipment and Materials		2.0	2.4
Meals		1.6	3.0
Cleaning		1.2	1.9
Care of Clothing		.4	1.2
Home Responsibilities		.8	.8
Leisure Time Activities			
Listening and Viewing		3.7	4.1
Art Activities		2.4	2.6
Music Activities		3.8	4.2
Sports and Games		3.3	4.8

COMMENTS

The program for trainable mentally handicapped pupils of secondary school age provided activities designed to enable the pupils to care for themselves and become useful, participating members of family units and the community. Both test and non-test sources of information indicated that amounts of growth were small for most pupils. This should not be surprising in view of the pupil characteristics and the limitations of the instruments used to provide measures of growth. The rating scale and guide based upon the curriculum plan may be useful as a model for similar classes after it is further tested and refined.

It is not known at this time which specific teaching techniques and instructional materials were of greatest value in the program. Further study is needed for such identification. It has been shown that trainable mentally handicapped pupils of secondary school age can profit from experiences in a public school classroom with supportive services. Follow-up study should provide more information concerning the extent of the benefit to the pupils.

EMOTIONALLY DISTURBED - UPPER ELEMENTARY

The children in the middle grades (4, 5, and 6) classroom for emotionally disturbed pupils were children whose emotional handicaps were such that they were unable to profit from regular instructional programs even with supportive assistance. Such children may be decribed as having a combination of characteristics such as the following: excessive daydreaming, inappropriate emotional responses, intense fears, excessive withdrawal, irresponsible social behavior, and perceptual disabilities.

OBJECTIVES

1. To improve personal and social adjustment, including self-control, so that satisfactory contacts with environment can be made and reentry into regular classrooms can be effected.
2. To improve attitudes toward school and schoolwork.
3. To develop desirable study habits.
4. To enable children to achieve at levels appropriate to age, grade, and intelligence.
5. To discover and devise effective teaching techniques and superior instructional materials for emotional disturbed children.

PROCEDURES

A curriculum was provided which encompassed the regular program of studies. Achievement, age, and grade spans necessitated individual programming of instruction and the use of a wide variety of instructional materials. In addition to emphasizing skills development, emphasis was placed upon creative arts, music, and crafts. Special equipment and materials such as visual aids, record player, tape recorder and overhead projector were utilized. When necessary, study carrels were utilized to provide opportunities for individual study and the reduction of external stimuli.

Class size did not exceed eight. A qualified teacher and a teacher aide were provided making it possible to individualize instruction to a high degree. Also, group instruction was provided whenever feasible since emphasis was placed upon preparation for reentry into regular classrooms. Parent conferences were held to develop understanding of each child's problems and to develop a spirit of cooperation. Supportive services from psychologists and curriculum consultants were provided.

Pupils worked at their individual instructional levels. Much emphasis was placed upon acquisition of basic skills and academic achievement. Physical exercise, music, and art activities were provided daily with supportive assistance given by consultants at weekly intervals. Success experiences were provided which were designed to build self-confidence and feelings of personal and social adequacy for each individual. When pupils appeared to be able to profit from instruction in a regular classroom they were phased back into regular programs.

EVALUATION STRATEGY

Four standardized tests were chosen for use in the evaluation of the program for emotionally disturbed children. The Peabody Picture Vocabulary Test was chosen as a measure of verbal ability. It was originally planned to utilize the results of the Goodenough-Harris Drawing Test as a projective measure of personal adjustment. Other demands on the Center psychologists' time did not permit this type of interpretation of the results so they will be included as an additional measure of intellectual maturity. Both of these tests as well as the Wide Range Achievement Test and the AAHPER Youth Fitness Test were administered in the fall and again in the spring to pupils in the class.

Non-test sources of evaluative data included pupil records, case histories, anecdotal records, samples of class work, and staff evaluation reports. Pupil records, anecdotal records, and samples of class work were submitted by the classroom teachers. Case histories were compiled for two randomly selected pupils. In May each pupil in the class was reevaluated in a formal staffing. The results of this staffing were used in evaluating the progress of individual pupils.

PRESENTATION OF EVALUATIVE DATA

Examination of pupil records maintained by the classroom teacher and other school personnel revealed the following information about the students in the elementary school classroom of emotionally disturbed pupils:

Age range at entrance: 9 years, 4 months to 11 years, 6 months

Race: All Caucasian

Sex: Ten males, no females

IQ: Binet 110, 99, 97, 96, 94, 90 WISC 109, 96, 94, 97

Six pupils were placed in the classroom at the beginning of the year and two more entered at the beginning of the second nine-week period. Two pupils had progressed sufficiently to be phased back into the regular classrooms in March. Following these transfers two more pupils were placed in the class at the beginning of the fourth nine-week period.

Attendance records show that the number of days present for individual pupils varies from seventy-two percent to one hundred percent of the total number of days enrolled in the class. Four pupils had one hundred percent attendance.

Results of the Peabody Picture Vocabulary Test for individual pupils are shown in Table 58. Four of the pupils were not tested in November. For the six pupils that took both the pretest and posttest the pretest mean IQ score was 93 and the scores ranged from 65 - 115 while the mean IQ score for the posttest was 100 with scores ranging from 95 to 105.

TABLE 58

PEABODY PICTURE VOCABULARY TEST RESULTS FOR
EMOTIONALLY DISTURBED - UPPER ELEMENTARY

	Mental Age		IQ		%ile	
Student	Nov.	May	Nov.	May	Nov.	May
1	7-1	10-10	65	95	2	36
2	8-11	11-0	83	100	13	51
3	10-10	11-9	95	99	36	50
4	11-0	11-4	98	101	51	57
5	12-1	10-4	115	102	84	53
6	12-1	12-7	101	105	56	70
7	--	11-4	--	101	--	57
8	--	9-2	--	81	--	9
9	--	6-1	--	60	--	1
10	--	11-9	--	103	--	60

Many of the scores on the Goodenough-Harris Drawing Test were lower in May than in November for the pupils that were tested both times. A smaller number showed increases. The means and ranges of the pretest and posttest scores for the six pupils who took both tests are shown in Table 59. The mean score for each part of the test decreased. The mean and range for each part of the test are also shown for the four pupils tested in May only. Standard scores for individual pupils on this test can be seen in Table 61.

TABLE 59

GOODENOUGH-HARRIS DRAWING TEST RESULTS FOR EMOTIONALLY DISTURBED - UPPER ELEMENTARY

	Man		Woman		Self	
	Nov.	May	Nov.	May	Nov.	May
Pupils Taking Both Tests N = 6						
Standard Score Mean	83	80	76	70	81	74
Standard Score Range	69-101	66-100	63-93	54-88	72-98	63-86
Percentile Range	2 - 53	1 - 50	1 - 32	1 - 21	3 - 45	1 - 18
Pupils Tested In May Only N = 4						
Standard Score Mean		91		86		87
Standard Score Range		78-105		76-98		78-98
Percentile Range		7 - 63		5 - 45		7 - 45

The Wide Range Achievement Test was chosen as a measure of the basic skills of reading, spelling, and arithmetic. It was felt that the test results would provide base line data as well as provide measures of progress. The results of this test are presented in Table 60.

TABLE 60

WIDE RANGE ACHIEVEMENT TEST RESULTS FOR EMOTIONALLY DISTURBED - UPPER ELEMENTARY

Student	Reading				Spelling				Arithmetic			
	G.E.		%ile		G.E.		%ile		G.E.		%ile	
	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	4.5	5.0	21	21	3.5	3.2	10	5	2.1	3.6	2	7
2	2.5	2.3	4	3	2.5	2.2	4	3	3.0	3.2	6	7
3	4.7	5.5	18	30	4.2	4.7	13	18	4.5	4.2	16	13
4	1.9	2.1	2	2	---	1.6	1	--	2.6	3.0	4	6
5	3.1	---	18	--	2.5	---	10	--	3.6	4.2	27	39
6	---	1.9	--	2	---	2.0	--	2	---	4.2	--	18
7	3.0	4.0	4	7	2.5	---	2	--	4.5	---	16	--
8	---	3.3	--	5	---	5.0	--	21	4.2	---	13	--
9	---	---	--	--	---	---	--	--	---	3.9	--	16
10	---	4.4	--	21	---	3.5	--	10	---	4.7	--	25

Because of the small number with both pretest and posttest on all three sub-tests, ranges and means are not reported. A slight increase in test performance in May was shown by most pupils that were tested in both fall and spring.

The three standardized tests used in this report have standard scores with a mean of 100 and a standard devistion of 15 for each norm classification. The standard score then becomes a useful tool to compare directly each student's performance on one test with his performance on the other tests. The standard scores for each student on each test are presented in Table 61. This data will probably have its greatest value as base line data for further evaluation of pupils in the program.

TABLE 61

STUDENT STANDARD SCORES ON WIDE RANGE ACHIEVEMENT TEST (WRAT) GOODENOUGH-HARRIS DRAWING TEST (GHDT) AND PEABODY PICTURE VOCABULARY TEST (PPVT) EMOTIONALLY DISTURBED - UPPER ELEMENTARY

	WRAT						GHDT						PPVT	
Stu-	Reading		Spelling		Arith.		Man		Woman		Self			
dent	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May	Nov.	May
1	88	88	81	75	70	78	74	69	68	54	72	63	65	95
2	73	71	73	71	77	78	70	70	67	59	76	72	83	100
3	86	92	83	86	85	83	69	66	63	59	73	66	95	99
4	68	70	--	66	74	77	93	81	75	79	87	78	98	101
5	86	--	81	--	91	96	90	100	93	80	77	80	115	102
6	--	68	--	69	--	86	--	105	--	98	--	98	--	101
7	74	78	70	--	85	--	101	93	92	88	98	86	101	105
8	--	76	--	88	--	83	--	91	--	79	--	78	--	81
9	--	--	--	--	--	85	--	90	--	89	--	93	--	60
10	--	88	--	81	--	90	--	78	--	76	--	78	--	103

The physical fitness of the pupils in the class was measured with the American Association for Health, Physical Education, and Recreation Youth Fitness Test. Since many of the pupils were not tested in both fall and spring no attempt has been made to compute group scores. Individual performances are presented in Table 62. The percentile ranks, based on a national sample of pupils of the same age, indicate that the pupils in the classroom are below the median performance for the normative group on most skills. For the pupils that participated in both pretest and posttest the performances were improved in most cases.

TABLE 62

AAHPER YOUTH FITNESS TEST RESULTS FOR EMOTIONALLY DISTURBED - UPPER ELEMENTARY

tu-ent		Sit-ups		Pull-ups		Standing Broad Jump		Shuttle Run		Softball Throw		50 Yard Dash		600 Yard Walk-Run	
		no.	%ile	no.	%ile	in.	%ile	sec.	%ile	ft.	%ile	sec.	%ile	min.	%ile
1	fall	3	1	0	25	33	1	18.9	1	30	1	12.2	1	6:06	1
	spring	4	1	0	25	40	4	14.9	3	32	1	7.5	80	5:36	1
2	fall	4	1	0	25	30	1	19.6	1	45	2	11.1	1	5:45	1
	spring	8	3	1	40	41	4	16.2	1	50	3	7.2	90	4:59	2
3	fall	14	6	0	25	32	1	20.1	1	58	4	9.6	9	--	-
	spring	12	5	0	25	47	5	15.4	1	75	15	--	--	--	-
4	fall	6	2	3	65	39	2	18.3	1	42	2	9.6	9	4:13	3
	spring	3	1	3	65	41	3	14.7	1	60	5	6.1	99	3:45	4
5	fall	11	5	4	75	42	3	17.5	2	62	4	9.6	4	4:07	3
	spring	30	30	2	55	38	2	17.0	2	58	4	--	--	--	-
6	fall	7	3	2	55	43	3	17.2	2	60	4	9.8	3	4:10	3
	spring	-	-	-	--	--	-	--	-	--	-	--	--	--	-
7	fall	11	5	0	25	45	4	17.5	2	59	5	9.6	10	5:36	1
	spring	-	-	-	--	--	-	--	-	--	-	--	--	--	-
8	fall	-	-	-	--	--	-	--	-	--	-	--	--	--	-
	spring	8	3	1	40	46	4	14.9	3	105	40	6.4	98	3:46	4
9	fall	-	-	-	--	--	-	--	-	--	-	--	--	--	-
	spring	15	9	0	25	46	4	15.4	1	62	4	7.5	80	4:23	2
10	fall	-	-	-	--	--	-	--	-	--	-	--	--	--	-
	spring	1	1	0	25	30	1	24.7	1	34	2	--	--	--	-

Anecdotal records, samples of class work, period reports to parents, case histories, and end of the year staffing reports were examined by members of the Research Department. The staffing reports included the findings and recommendations of a coordinator, a psychologist, a social worker, and the art, music, and physical education consultants from the Center and of the special teacher and principal or counselor of the school where the classroom was located. On the basis of the information gained from these sources each pupil's progress in academic achievement, improving his attitude toward school and school work, personal and social adjustment, developing desirable study habits, and improving his ability to reenter regular classes was rated as much, moderate, slight, or very little or none. The results of these ratings are shown in Table 63.

TABLE 63

APPARENT PROGRESS OF PUPILS ACCORDING TO FINAL STAFFING REPORTS, ANECDOTAL RECORDS, SAMPLES OF CLASS WORK, AND NINE-WEEK REPORTS, EMOTIONALLY DISTURBED - UPPER ELEMENTARY

	Number of Pupils			
Area	Much	Moderate	Slight	Little or None
Academic achievement	3	3	4	0
Attitudes toward school and school work	2	5	3	0
Personal and social adjustment	3	4	3	0
Development of desirable study habits	2	4	3	1
Ability to reenter regular program	2	2	3	3

These sources of information indicate that some progress was made by most students in most of the areas. Further study will be necessary to determine whether the students who reentered the regular program were able to function more satisfactorily than before.

COMMENTS

The major emphasis in the program for emotionally disturbed pupils was on rehabilitative programming to enable pupils to return to regular classes. The fact that two of the pupils progressed sufficiently to be phased back into regular classrooms provides evidence of some success of the program. Non-test sources of information indicated that the pupils progressed in academic achievement in varying degrees. Test results did not provide conclusive evidence of academic progress, but the results may be of value when pupil progress is followed up.

The teacher and others indicated they felt that the attitudes, adjustment, and study habits of most of the pupils improved during the year. It appears to be too early in the project to positively identify specific teaching techniques and instructional materials that were especially effective. It does appear that the practice of placing a small group of emotionally disturbed children in a classroom with a specially-trained teacher and supportive services is beneficial.

EMOTIONALLY DISTURBED - JUNIOR HIGH

The children in the junior high classroom for emotionally disturbed pupils were those children whose emotional handicaps were such that they were unable to profit from regular instructional junior high school programs even with supportive assistance. Such children may be described as having a combination of characteristics such as the following: excessive daydreaming, inappropriate emotional responses, intense fears, excessive withdrawal, irresponsible social behavior, and perceptual disabilities.

OBJECTIVES

1. To improve personal and social adjustment so that satisfactory contacts with environment can be made and reentry into regular classrooms can be effected.
2. To improve attitudes toward school and school work.
3. To improve children's self-control and enable them to work satisfactorily in regular classroom groups.
4. To develop desirable study habits.
5. To enable children to achieve academically at levels appropriate to age, grade, and intelligence.
6. To discover and devise effective teaching techniques and superior instructional materials for emotionally disturbed children.

PROCEDURES

A curriculum was provided which encompassed the regular program of studies. Achievement, age, and grade level span necessitated individual programming of instruction and provision for a wide variety of instructional materials. In addition to emphasizing skills development, emphasis was placed upon creative art, music, and crafts. Special equipment such as visual aids, a record player, a tape recorder, and an overhead projector were utilized. When necessary, study carrels were utilized to provide opportunities for individual study and reduction of external stimuli.

A qualified teacher provided individualized and group instruction. Parent conferences were held to develop understanding of each child's problems and to develop a spirit of cooperation. Supportive services from psychologist and curriculum consultants have been provided.

EVALUATION STRATEGY

A teacher for this class was not available until March 1967, at which time the program was initiated. One student entered March 2, another on March 10, and another on March 15. These students attended class 51 days, 27 days, and 38 days respectively. One student withdrew on April 27, another on May 8, and the final one withdrew May 19. The reasons for withdrawal were hospitalization, a need for more extensive therapy, or extreme behavior problems.

Since the program was in existence such a short time, no attempt will be made to formally evaluate it this year. The program will be in operation during all of 1967-68 school year. A formal evaluation will be conducted during that time.

DEVELOPMENT AND EVALUATION OF PROCEDURES AND MATERIALS

In order to provide a sound educational program that meets the special needs of handicapped pupils, effective methods and materials must be developed and utilized. An attempt has been made both to develop new materials and procedures and to evaluate these and others available in terms of their effectiveness in the education of exceptional children. It is hoped that dissemination of the results to teachers and school system personnel will have a positive effect on the implementation of classroom practices aimed at the prevention, correction, or amelioration of psychological and physical handicaps.

OBJECTIVES

1. To evaluate the effectiveness of available methods and materials.
2. To discover and evaluate new materials and procedures.
3. To promote wide dissemination of the results.

DESCRIPTION

There is, presently, a vast need to develop effective procedures and materials for use in the education of exceptional children. Techniques of establishing rapport and methods of instruction that had been proven effective for dealing with a particular handicap or learning disability were often not available. Members of the Center staff and supplementary classroom teachers were often faced with devising their own methods and techniques. Authorities on various procedures and types of exceptional children were consulted both in person and in print.

Teachers and other school personnel in the project area were given information and training regarding the teaching of handicapped children through in-service programs and workshops and consultation with the Center staff. Evaluating the effects of materials, procedures, and methods previously utilized in dealing with a pupil who had been referred to the Center was the task of the diagnostic team working on the case. Results of this evaluation and recommendations to the teacher and other personnel of the receiving school were disseminated through a formal staffing attended by appropriate personnel of the school in which the pupil was being placed.

The curriculum, materials, and procedures utilized in the supplementary classrooms were the responsibility of the Center staff and the special teachers in each of the classrooms. These were derived from a variety of sources including, authorities in specific areas of education of handicapped children, commercial publishers and distributors, and the teachers' and Center staff's own experience and imagination. In addition to the discovery and development of new materials and methods, efforts were made to adapt methods and materials available for the regular classroom to the special needs of the handicapped pupil. Some materials and procedures were evaluated in controlled experiments. Many more were less formally, though not necessarily less effectively, evaluated by teachers, consultants, counselors, and others through continued use and observation of the results. Films and recordings of the special classes, samples of class work, lectures, and demonstrations were used at the Center and in area schools to show the use and results of certain materials and procedures.

EVALUATION STRATEGY

Questions regarding the acceptance and implementation of materials and procedures publicized and available at the Center and questions regarding the effect of experimental and evaluative results disseminated by the Center on the development of curriculum for the participating schools were included on the questionnaires sent to principals, teachers, and agency representatives. Consultants and teachers conducting controlled experiments were requested to submit descriptions of their experiments and results upon completion of the experiment. Records were kept by the Center regarding requests for information, number of visitors to the Center, and cost, type and amount of information disseminated.

PRESENTATION OF DATA

Principals, teachers, and representatives of participating agencies were asked to comment on the effectiveness of the Title III program in the development and evaluation of child study and child adjustment procedures for handicapped children and youth. Principals and teachers were also asked to comment on the effect of the Center's activities on curriculum and instruction in their schools. In the following tables some of the longer comments have been condensed to a few words.

Responses of principals shown in Tables 64 and 65 indicate that a relatively small number of the principals who returned questionnaires felt that the Center's activities had brought about any changes in their school's program. Nine of the 104 reported that preventive, individualized, or mental health materials and procedures were in use in their classrooms as a result of training, consultation, and/or materials or equipment provided by the Center. Nineteen principals gave examples of ways the

TABLE 64

RESPONSES OF PRINCIPALS CONCERNING PREVENTIVE INDIVIDUALIZED OR MENTAL HEALTH MATERIALS AND PROCEDURES

N = 104

Preventive, individualized, or mental health materials or procedures in use in your classrooms as a result of training, consultation, materials or equipment provided by the Center.	Number Of Principals Giving Each Response
None	61
Visual perception materials and training procedures	3
Films and filmstrips	2
Art projects	1
Approaching boys through interest in mechanics and art	1
Have ordered suggested material for special learning problems	1
Influence on counselor	1
No response	34

TABLE 65

RESPONSES OF PRINCIPALS REGARDING EFFECTS OF SERVICE PROVIDED BY THE CENTER ON CURRICULUM OF SCHOOLS

N = 104

Effects of Center services upon school curriculums as reported by the building principals.	Number Of Principals Giving Each Response
None	49
Indirect effects	3
Slight (one visit not enough)	1
Little effect	1
Too early to say	1
Created interest in new methods and materials	2
More use of audio-visual materials	2
More emphasis on visual motor skills	2
More aware of how exceptional children can be helped in the regular classroom	4
Services provided by consultants have greatly strengthened program	2
Learning difficulties class and psychological help have improved the learning situation (broadened the curriculum)	1
Revision of handbooks to include new ideas	1
Teamwork approach	1
More awareness of need for special services	1
Tried to help strengthen language and communication skills	1
Testing and evaluations helped understanding of child and curriculum demands were adjusted	1
Language Master furnished for drill and training of bilingual boy	1
No response	30

Center's services had affected the curriculum at their schools. Five others said that the services provided by the Center had affected their school's curriculum slightly or indirectly.

Table 66 shows that only thirteen of the fifty-three regular classroom teachers who returned questionnaires reported changes in the curriculum or methods of instruction at their schools that they felt had resulted from services provided by the Center. Eleven of the thirteen examples cited pertained to better understanding on the part of teachers of the problems of handicapped children. Such things as modification of instruction to fit a specific child, incorporation of special activities for handicapped children in class activities, and use of special equipment were cited as evidence of better understanding.

Eight of the fifteen representatives of participating agencies who returned questionnaires gave no response to the question regarding the project objective, to discover effective child study and child adjustment procedures for handicapped children and youth. One reported that it was too early to evaluate this objective. Two referred to the workshops and in-service meetings at the Center as being valuable in this area. Their responses are shown in Table 67.

TABLE 66

RESPONSES OF REGULAR CLASSROOM TEACHERS REGARDING CHANGES IN CURRICULUM AND INSTRUCTION

N = 53

Changes in curriculum and instruction that classroom teachers feel have resulted from training, materials, equipment, and/or consultation provided by the Center.	Number Of Teachers Giving Each Response
None	14
Some planned for next year	1
Giving children motor skill training	2
Better understanding of some reading problems	3
Better understanding of handicapped children by teachers	8
No response	25

TABLE 67

RESPONSES OF AGENCY REPRESENTATIVES REGARDING THE OBJECTIVE TO DISCOVER CHILD STUDY AND CHILD ADJUSTMENT PROCEDURES

N = 15

Responses regarding the extent to which the Center has been able to discover effective child study and child adjustment procedures for exceptional children.	Number Of Representatives Giving Each Response
Good	1
Enjoyed and learned much from some of the workshops provided. Valuable to our staff.	1
Satisfactory	1
They have certainly had some interesting experts in for meetings	1
I know of no criticism in this area	1
Too early to evaluate, although in one case we can see excellent results	1
Research has been nil	1
No response	8

Consultants and teachers were encouraged to experiment with techniques and materials. Supplementary classroom teachers were asked on the questionnaires whether they felt they had had the freedom and support necessary to experiment with special methods and techniques. Seven answered, "Yes," one said "Yes and No," and the other gave no response to this question. These teachers listed behavior modification, highly personalized association counseling, games (monopoly, password, concentration) to create social awareness, background music, special methods of introducing speech to preschool hearing impaired children, and an electric typewriter for orthopedically handicapped children, as some of the areas of investigation. Consultants in the areas of art, music, and physical education have also experimented with techniques and methods of instruction for use with handicapped children. The use of special activities in each of these areas to aid in the psychological and physical development of certain types of exceptional children was also investigated.

It is not possible to include in this report a write-up of each technique or procedure that has been utilized. Some have been evaluated only on an informal basis by individual teachers. Results are inconclusive on others. In many cases information has been disseminated through workshops and in-service training programs to other special education teachers and regular classroom teachers. The following three studies are not intended to represent the amount or type of experiments or evaluations conducted throughout the year.

Study I

Purpose

The purpose of the study was to determine whether or not music functioned as an accelerating consequence on the frequency of button-pressing.

Subject

One male, age 18, was chosen as the subject for the study. He was a member of a trainable mentally handicapped class in the Wichita Public School system. The subject was diagnosed by a medical physician as having Down's Syndrome. Hearing was within normal limits.

Physical Setting

The study took place in a classroom containing the usual classroom items. The subject sat at a table approximately 10 feet away from the experimenter's desk. A switchbox and a small speaker were located on the table. On the experimenter's desk was a tape recorder, a light, a stopwatch, and a hand-counter. A foot-switch was located on the floor next to the desk. The subject was removed from his regular classroom for each treatment session. No one was present in the room except the subject and experimenter.

Procedure

A base line of the subject's button-pressing behavior was taken once per day for 10 days. Each session was 20 minutes in length. The subject was seated at the table and told that he could press the button if he wanted to. Each time he pressed the button a light flashed on the experimenter's desk and was tallied on a hand-counter.

The treatment phase of the study also consisted of one session per day for 10 days. Each session was 20 minutes in length. The subject was instructed in the same manner as before. However, each button-press was immediately followed with 15 seconds of tape recorded rock 'n' roll music. Music was the consequence given for the response of button-pressing. Specifically the procedure was as follows: the subject pressed the button on his switchbox. This was indicated to the experimenter by a light flashing on her desk. She immediately pressed a foot-switch which activated the tape recorder. After 15 seconds had passed the foot-switch was released. The next button-press occurring after the termination of the music resulted in another 15 seconds of music. Button-presses occurring while the music was on were not followed with a consequence. All button-presses were tabulated on a hand-counter.

Results

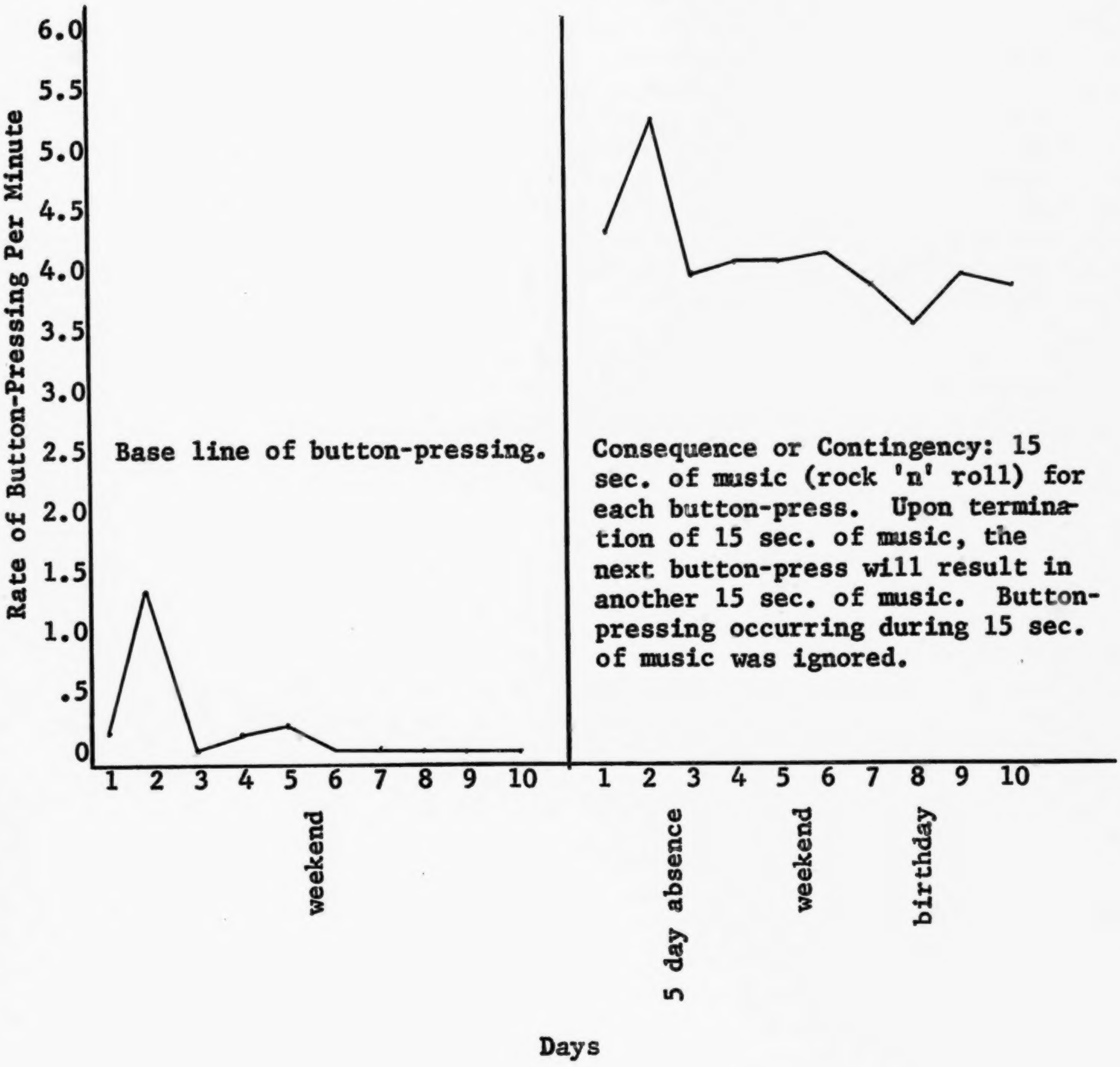
As shown in Figure I, base line responding became extinct, i.e., dropped to 0 after the initial five days. On the first day of treatment button-pressing responses occurred at approximately 4.3 per minute or 86 times in a 20-minute interval. On other days it varied somewhat. However, median responding was at 4.0 per minute or 80 per session. The 8th day of treatment was the subject's birthday. Chattering about cakes and parties competed somewhat with the activity at hand. Responding dropped to approximately 3.6 per minute or 72 for the session.

The results of this study demonstrate very clearly that music functioned as an accelerating consequence in this particular instance. The frequency of button-pressing greatly increased upon the introduction of music as a consequence.

Discussion

This study has been a simple demonstration of the effect of a consequence (music) on a given task. The basic procedure would seem to lend itself very nicely to the special classroom setting as a means of modifying both academic and/or behavior problems of exceptional children. A successful case study using this procedure in a classroom for emotionally disturbed children follows.

Male - 18 yrs. - TMH



Base line of button-pressing.

Consequence or Contingency: 15 sec. of music (rock 'n' roll) for each button-press. Upon termination of 15 sec. of music, the next button-press will result in another 15 sec. of music. Button-pressing occurring during 15 sec. of music was ignored.

FIGURE I - ACCELERATION OF BUTTON-PRESSING

Study II

Purpose

The purpose of the study was to determine whether or not music functioned as a decelerating consequence on the frequency of rocking behavior.

Subject

The subject was an 11 year-old male. He was a member of a class for emotionally disturbed children in the Wichita Public School system. The subject had a long history of rocking behavior. This behavior disrupted the class on occasion and appeared to interfere with his work output.

Physical Setting

The study took place in the subject's classroom. The room was equipped with the usual classroom items. A tape recorder, record player, and several sets of earphones were also present.

Procedure

A base line of the subject's rocking behavior was taken for 10 days during the daily music session. Each session was 15 minutes in length. The number of times the subject actually rocked and the number of rocking episodes occurring each day were recorded.

The treatment phase of the study also took place for 10 days. The subject was told that for every five minutes that he did not rock during a 15 minute music session he would earn five minutes of music listening time. The frequency of rocking and the frequency of rocking episodes were recorded by the teacher. Upon the termination of each five-minute interval the teacher would hand the subject a construction paper record saying "Good for five minutes of listening" if he had not rocked during that interval. If the child had rocked, he was simply informed as to when the next five minutes was beginning and told that he could still earn some listening time. The paper records were "cashed in" for listening at a set time each afternoon.

Results

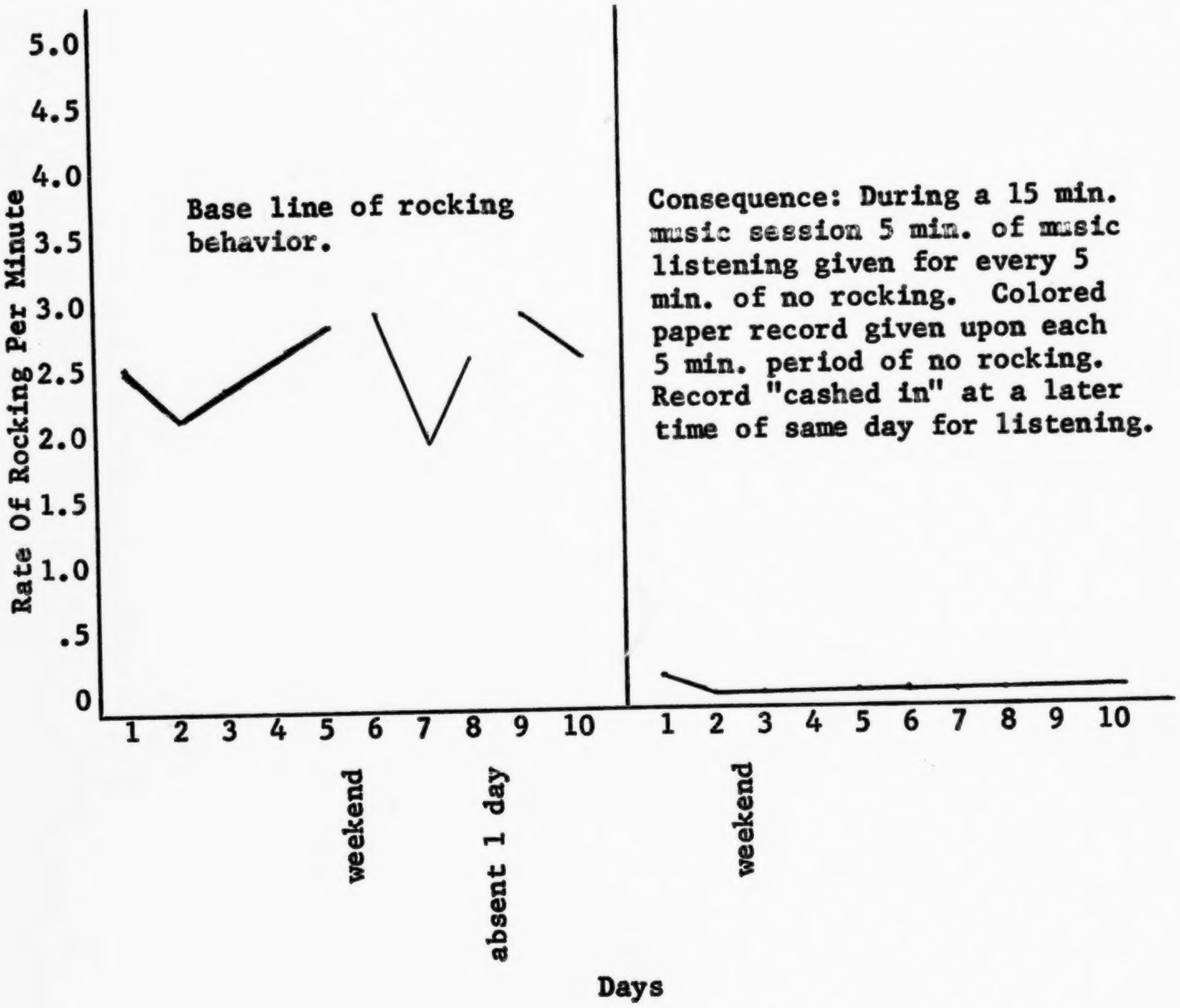
As shown in Figure II, the subject's base line rocking rate ranged from 22 per minute or 335 for the session to 31 per minute or 470 for the session. The base line rate of rocking episodes ranged from .47 to 1.2 per minute. This can be seen in Figure III.

On the first day of treatment the rate of rocking dropped to 1.5 per minute or 23 for the session. The number of rocking episodes dropped to .2 per minute. Rocking occurred only in the first five minutes of the session. The remaining 10 minutes the subject did not rock thus earning 10 minutes of music listening for that session. The following nine days of the treatment phase the subject did not rock at all, thus earning 15 minutes of music listening time every day.

Discussion

This study has demonstrated the effect of a consequence (music) on an inappropriate behavior. The systematic presentation of music immediately following intervals of appropriate behavior served to decelerate or decrease the frequency of inappropriate behavior (rocking).

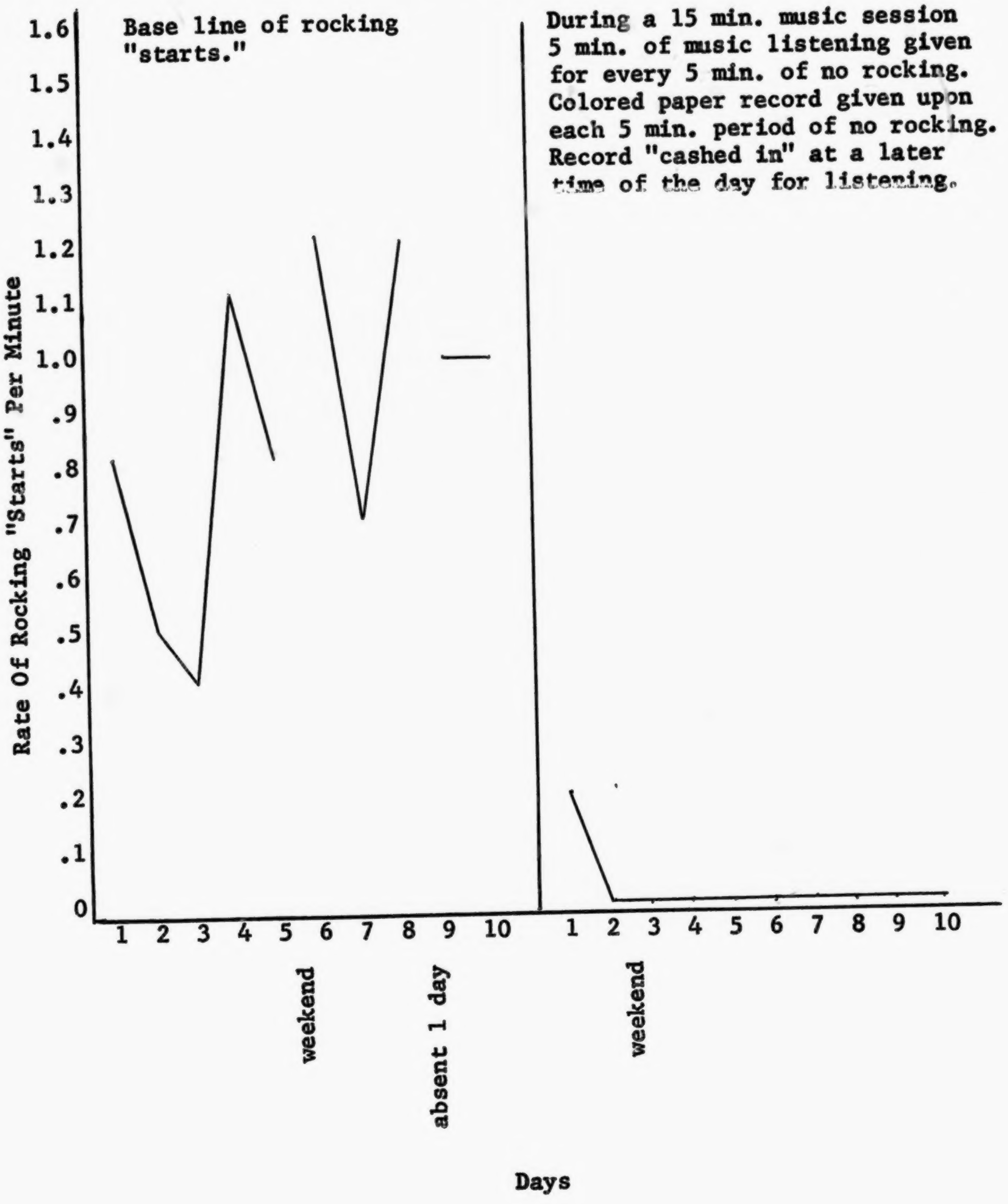
Male - 11 yrs. - ED



Base line of rocking behavior.

Consequence: During a 15 min. music session 5 min. of music listening given for every 5 min. of no rocking. Colored paper record given upon each 5 min. period of no rocking. Record "cashed in" at a later time of same day for listening.

FIGURE II - DECELERATION OF ROCKING


Male - 11 yrs. - ED

Base line of rocking "starts."

During a 15 min. music session 5 min. of music listening given for every 5 min. of no rocking. Colored paper record given upon each 5 min. period of no rocking. Record "cashed in" at a later time of the day for listening.

FIGURE III - DECELERATION OF ROCKING "STARTS"

Study III

Purpose

The purpose of this study was to investigate the effect of an accelerating consequence on reading rate.

Subject

The subject was a 13 year-old male. He was a member of a class for educable mentally handicapped pupils in the Wichita Public School system. The subject was bilingual, speaking Japanese and some English. When first placed in the EMH classroom he would not speak to the teacher or classmates.

Physical Setting

The study took place in the pupil's classroom and was conducted by his EMH teacher. A beginning reader available in the classroom served as the reading material. Words in the reader were taught with a special recording machine obtained through the Resource Library at the Center. The subject kept the machine at his desk. He took special care to cover it every evening and checked it carefully upon arriving each morning.

Procedure

The teacher placed the words on the special flash cards that can be used on the recording machine. The subject could hear the teacher pronounce the word correctly while he looked at the word on the card proceeding through the machine. On the same card he could record his own pronunciation of the word and play it back and compare his pronunciation with the teachers.

During the course of the experiment the subject read one page per day from the beginning reader after working independently with all new words on the recording machine. The teacher timed the reading and recorded the number of correct words per minute read during each performance. Later in the experiment a tape recorder was used to record the reading performances for later measurement.

After a base line rate was established, first with only the reading book and later using the recording machine to introduce each new word, the subject was allowed to choose the prize he wished to earn. A model car was chosen and it was agreed that the subject would receive one part of the car for each acceptable reading performance until he had earned the entire car.

Results

The subject's reading rate in words per minute for each page of the beginning reader are shown in Figure IV. It is noted on the figure where changes in procedures or other independent variables have been introduced. It can be seen that incidents occurring at home, such as the father returning or loss of a pet, had a noticeable effect on the reading performance. Also changing the reading time from first thing in the morning to a later time seemed to make a definite increase in the reading rate. The figure shows that an increase in reading rate immediately followed the addition of the special recording machine as an instructional aid and that a continued increase in reading rate up to approximately twenty words per minute accompanied the use of the model car parts as reinforcers. This rate of performance was maintained after all parts of the car were earned.

Discussion

The effects of many other variables, such as teacher's praise and praise from peers, were not eliminated from the study. It is felt, however, that the results were greatly dependent upon the use of the special recording machine and the model car parts.

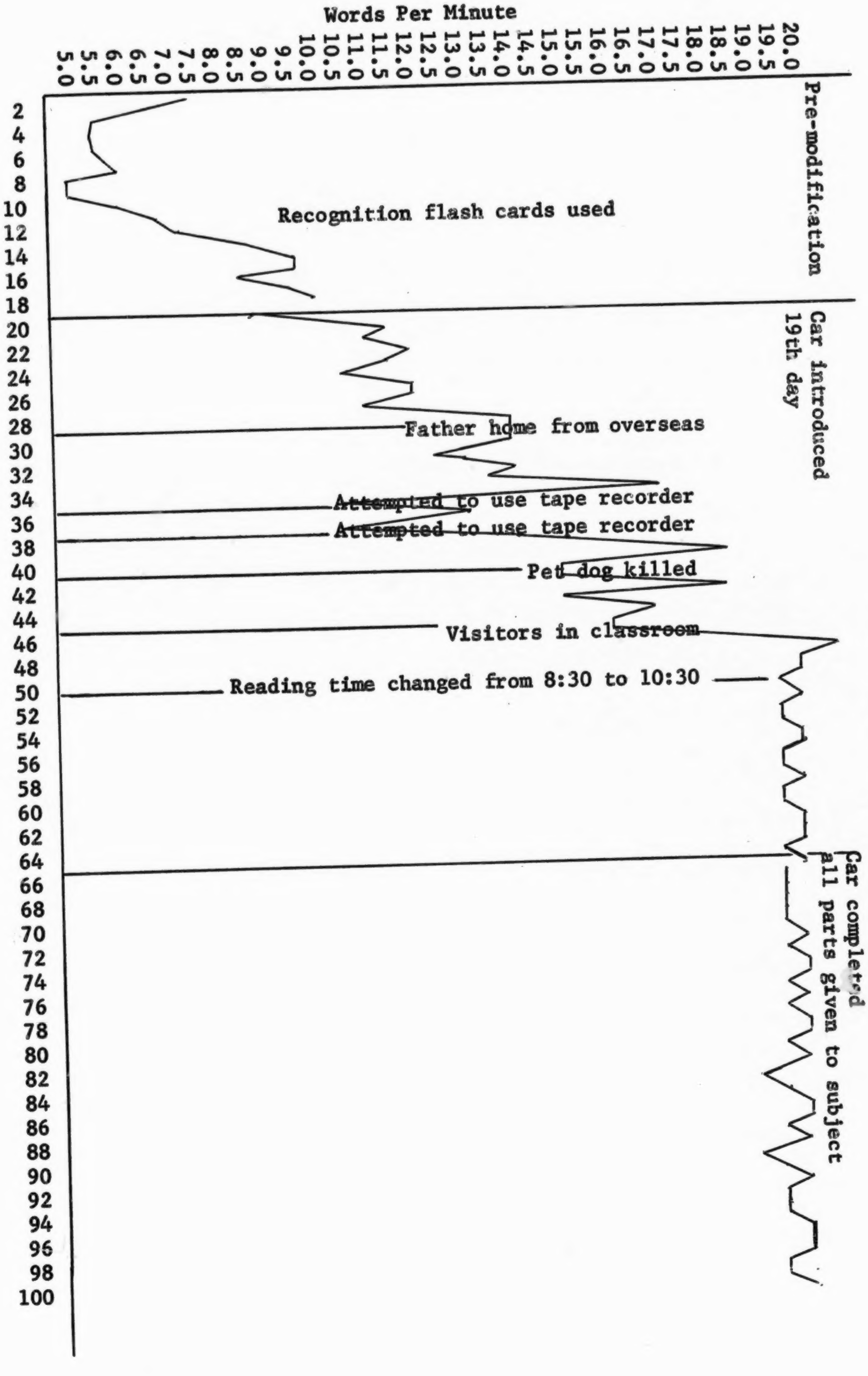


FIGURE IV - READING PERFORMANCE IN WORDS PER MINUTE

Records kept at the Center showed that 2,500 unsolicited requests for information have been answered and 325 visitors have been received at the Center during the year. The cost to the Center for dissemination of information was approximately 250 dollars. The local newspapers and other news media have carried several accounts of activities and services provided by the Center. The supplementary program for the hearing handicapped was presented in a half-hour television special as a part of a series of programs on education by a local television station.

COMMENTS

Opinions of school principals and classroom teachers provided evidence that the Title III project is having some positive effects on the programs of some schools in the area. Although the number reporting changes attributable to the services provided by the project is small compared to the total number in the area served, it is evidence that change in school curriculum can be effected by a project of this nature. Responses of teachers and principals indicate that the in-service programs have been one of the most effective means of disseminating information. Results of the project will also be disseminated through wide distribution of this report and other annual evaluation reports for following years.

There were some limitations on experimentation with and demonstrations of procedures and techniques due to the fact that the available facilities and their locations were not as suitable for these purposes as the facilities proposed in the construction grant accompanying the project proposal. During the past year, however, some of the supplementary classrooms have been remodeled and some additional equipment acquired (one-way mirrors, video tape, etc.) that should alleviate these problems to some extent.

SUMMARY AND DISCUSSION OF PROGRESS TOWARD OBJECTIVES

SUMMARY

The Title III project in Wichita provided for a special education diagnostic and resource center designed to meet educational needs of severely handicapped children and youth in the Greater Wichita Area. Evaluative and diagnostic services were provided to children and youth using the services of specialized Center personnel and specialized personnel from other agencies serving the handicapped in Sedgwick County and parts of adjacent counties. The Center staff was comprised of coordinators, psychologists, social workers, a peripatologist, and consultants in art, music, physical education, and resource materials.

A major emphasis was on the education of handicapped children referred to the Center. Special classes were established for children whose diagnosis indicated they should be instructed outside regular classroom programs. Supportive services were provided the pupils, parents, and teachers by the psychologists and consultants. Also, these services were provided to some extent to pupils not recommended for special placement. In-service education programs were provided to parents and school personnel in the project area. Resource materials were made available to teachers throughout the project locality.

The project was designed to help meet the lag in the development of special instructional techniques for severely handicapped pupils. Teachers in the supplementary classrooms and regular classroom teachers were encouraged to experiment with, and evaluate the effectiveness of, techniques and instructional materials identified or developed by themselves, by the consultants, and in in-service education programs.

Dissemination of information was accomplished through meetings, conferences written reports, and news media.

DISCUSSION OF PROGRESS TOWARD OBJECTIVES

The evaluation of the Title III project entailed ascertaining the extent of its benefit or value to handicapped children, their parents, school personnel, and representatives of agencies who endeavor to fulfill the children's educational needs. The evaluation attempted to answer such questions as the following: To what extent were handicapped children and youth accommodated in appropriate educational or training programs? Was there observable educational growth and personal adjustment on the part of children and youth served by the Center? Did parents and teachers improve in their ability to enable handicapped children and youth to attain the goals of education? Were the methods and procedures developed in the project innovative and exemplary?

The major thrust of the project was that of service - diagnostic, supportive, and special placement of the handicapped. Three of the four project objectives related directly to serving handicapped children and youth referred to the Center. The fourth related to identifying effective techniques and instructional materials. To what extent were the objectives attained? The following paragraphs present a summary of the findings relating to the four objectives.

Objective: To provide evaluative and diagnostic services to facilitate the proper educational placement and therapy of handicapped children and youth. Numbers of pupils who were served provide some evidence of attainment of this objective. Positive reactions of teachers and other school personnel, parents, and agency representatives provide additional evidence.

A total of 990 referrals, 793 from public schools, 160 from nonpublic schools, and 37 from other agencies were processed during the year. Of course, the evaluations varied in their extent. Staffings were conducted for a total of 115 pupils by the diagnostic teams. Seventy-four of the pupils were placed in special supplementary classes. A total of 153 pupils received contracted medical services, and a total of 171 pupils received contracted psychological services. Part of the contracted services were evaluative while others were of a supportive nature.

The reactions of teachers, principals, and other school personnel whose pupils received the diagnostic services indicated that the services were helpful. A large majority of parents who reacted concerning involvement gave indications that they had been adequately involved in the formulation of their children's educational plans. Most of the agency representatives who responded to a questionnaire indicated that they felt the objective to provide diagnostic and evaluative services for handicapped children had been attained. At the same time, some school personnel and agency representatives expressed the opinion that the Center staff was not sufficient in number to fill the total need for in-depth evaluative and diagnostic services with adequate follow-up in the geographic area served.

Objective: *To provide supportive services to enable handicapped children and youth to enter, remain in, or reenter appropriate educational or training programs*. The services provided, the numbers receiving the services, and the reactions of persons provide some evidence of attainment of this objective.

A total of 17 in-service education programs covering a variety of topics were conducted during the year for school personnel and parents. Attendance at the 17 programs totalled 1,443. This was a duplicated count. It is not known how many different individuals attended the programs.

A large majority of persons who attended in-service education programs indicated that they felt them to be helpful. Surveyed parents who responded that they had received counseling and information signified that the services were helpful to them and their children. The services provided by the consultants were rated as helpful by the majority of teachers and principals familiar with the services. The majority of parents who received contracted psychological and medical services rated the services very helpful.

Objective: *To provide supplemental programs for severely handicapped children and youth*. The number of pupils accommodated, the number able to reenter regular classroom programs, and the data from tests and non-test sources provide some evidence of attainment of this objective.

A total of nine special supplementary classes served a total of 74 pupils in five areas of exceptionality. The 74 pupils placed in the supplementary classrooms included 5 from parochial schools, 15 from public schools other than Wichita, and 54 from Wichita Public Schools. Preschool, elementary, and secondary levels were represented. The classes represented handicaps and/or grade levels for which classes had not been previously organized in the Wichita Public Schools. Fourteen of the pupils placed in the special classes were able to reenter regular classrooms either during the year or at the beginning of the 1967-68 school year.

The results of standardized tests used in the evaluation did not supply much evidence of progress in academic achievement by pupils in the supplementary classes. Questions were raised concerning the appropriateness of the instruments for handicapped pupils. If the instruments are found to be appropriate, the results may be useful as base line data. Non-test sources of information furnished evidence of progress in academic achievement by most pupils. Reports by teachers and others revealed that most of the pupils improved in attitudes, work habits, and the ability to function effectively as members of groups.

Further study is needed to positively identify specific teaching techniques and instructional materials which are particularly effective in the various fields of exceptionality. But it has been demonstrated that small groups of severely handicapped pupils can benefit in a public school setting from special classroom experiences with supportive services.

Objective: To discover effective child study and child adjustment procedures for handicapped children and youth. It appears to be too early in the project to adequately evaluate this objective. Many techniques and a variety of materials have been introduced into the supplementary classrooms and elsewhere. Teachers and consultants are still in the process of identifying those which seem particularly effective with individuals and groups.

Supplementary classroom teachers have responded that they had freedom and support to experiment with special materials and methods. Experimentation and demonstration have been limited to a certain degree by lack of appropriate facilities. However, some studies have been reported. Others are being conducted, and more are planned. School principals and classroom teachers indicated that the project is having some positive effect on programs in some schools.

Individualized practices and materials have been implemented in the special classrooms. There have been some opportunities to study the appropriateness of programs developed elsewhere under laboratory conditions for use in the classroom.

Further study of the staffing procedure is being conducted. It appears that a great deal of success has been realized this first year in going beyond the diagnosis and involving the diagnostic team and the clinical psychologist, psychiatrist, or physician on the case in the formulation of an educational plan. Particularly encouraging is the increasing willingness of clinical and private practitioners to participate in the Center and school personnel's effort to translate the results of diagnoses into recommendations for instructional methods and placement. An attempt is being made to develop a technique to enable the teacher of the hearing impaired to more accurately determine the extent of hearing loss of her pupils with equipment available in the classroom. Another study is on the effect of specially designed art activities, such as quick drawings and painting to music, on improving visual perception, recognition of spatial relationships, and other functional deficiencies of emotionally disturbed pupils. Two experimental classrooms are designed to identify some of the causes of underachievement by Negro pupils and to develop methods and materials that are effective in remediation.

At this time it is not possible to ascertain the effect of the results of experimentation on the development of curriculum for participating school systems. It is reasonable to hypothesize that participating school districts are becoming more knowledgeable in the program essentials for handicapped pupils as a result of the project.

INNOVATIVE AND EXEMPLARY

It was intended that the Title III project be innovative and exemplary. What is innovation? When is a project innovative? What is meant by the term exemplary? When is a project exemplary?

Simply stated, innovation is the process of introducing something new. The stages of the innovation process as described by PACE manual for project applicants and grantees* are four: inquiry, invention, demonstration, and adaptation. Inquiry is defined as the formulation of knowledge from basic research into ideas and theories that can be used in inventing solutions to educational problems. Invention comes about when applicable theory and research results in the design, organization, and testing of a new program. When improvements which have been engineered and tested in the invention stage are illustrated as working models that can be emulated and adapted, the demonstration stage in the innovation process has been attained. Adaptation results when innovations that have been demonstrated in exemplary programs are adapted to local situations. Since public schools engage in basic research to a very limited degree only, most Title III projects represent one or more of the other three stages described above.

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*Office of Education/U. S. Department of Health, Education and Welfare, A Manual for Project Applicants and Grantees, Division of Public Documents, United States Printing Office, Washington, D. C.

Which stage in the innovation process does the Title III project in Wichita represent? It can be seen that the program elements were previously invented. Extensive diagnosis of severe handicaps has been practiced for some time. Special placement of severely handicapped children and youth has been done. Supportive assistance is provided handicapped pupils, their parents, and their teachers in a number of instances. However, these practices are often limited to agencies other than public school systems. And the services often are difficult to obtain for many children who need them.

The Wichita project appears to be representative of innovation in the demonstration stage. The project implements research findings in several fields of exceptionality. It combines the elements of diagnosis, special classes, supportive assistance, child study, and information dissemination into a working model with the major emphasis on the education of handicapped children and youth referred to the Center.

Exemplary means serving as an example, worthy of imitation. An educational project is exemplary when it demonstrates a successful program. The Title III project may be considered exemplary. It appears to be stimulating the adaptation of its curriculum practices in schools in the project area while, at the same time, it attempts to develop and refine methods of teaching handicapped children. The project is providing evidence that a public school system can successfully cooperate with other public school systems and other community agencies in accommodating severely handicapped children and youth. Also, it is testing the feasibility of the team approach in bridging the gap between assessment of the needs of handicapped children and youth and their educational treatment.

The value of the Title III project in Wichita depends a great deal upon the success of the clients served by it. Large numbers have been referred. Substantial numbers have been/are being instructed in special classrooms with supportive services. Some of the classrooms serve children who would not otherwise be served in public schools in the project vicinity. These are the preschool hearing handicapped, severely orthopedically handicapped of secondary school age, and the trainable mentally handicapped of secondary school age. Other programs serve children who are being prepared for reentry into regular classroom programs. Examples are the programs for emotionally disturbed children and for children with learning disabilities. There is evidence that children are progressing toward educational goals. Follow-up study will provide additional information concerning their progress and additional effects of the Title III project.

APPENDIX A

QUESTIONNAIRES

QUESTIONNAIRE TO PARTICIPATING AGENCIES FOR EVALUATION OF THE 1966-67 TITLE III PROJECT
(PL 89-10)

To what extent do you feel the Special Education Diagnostic and Resource Center has attained or failed to attain the following objectives?

1. To provide evaluative and diagnostic services to facilitate the proper educational placement and therapy of handicapped children and youth.

   ____

   ____

   ____

2. To provide supportive services to enable handicapped children and youth to enter, reenter, or remain in appropriate educational or training programs.

   ____

   ____

   ____

3. To provide supplemental programs for severely handicapped children and youth.

   ____

   ____

   ____

4. To discover effective child study and child adjustment procedures for handicapped children and youth.

   ____

   ____

   ____

5. Other comments

   ____

   ____

   ____

QUESTIONNAIRE TO DIAGNOSTIC CENTER PERSONNEL
FOR EVALUATION OF THE 1966-67 TITLE III PROJECT
(PL 89-10)

1. Which of the objectives specifically related to your position at the Center do you feel were attained

   a. to the greatest extent? If there is evidence of this attainment that has not been included in the test results, anecdotal records, and samples of classwork already submitted, feel free to mention it here.

   ____

   ____

   ____

   b. to the least extent?

   ____

   ____

   ____

2. What, in your opinion, have been the most difficult problems in implementing your part of the Title III program? Indicate to what extent each of these problems has been solved, is being solved, or is increasing.

   ____

   ____

   ____

3. List any suggestions that you have for improvements in next year's program.

   ____

   ____

   ____

4. Other comments (if any).

   ____

   ____

   ____

QUESTIONNAIRE TO SCHOOL COUNSELORS FOR EVALUATION OF THE TITLE III PROJECT

(PL 89-10)

1. Describe any problems or suggestions for improvement related to the referral process for referring handicapped pupils to the Special Education Diagnostic and Resource Center.

2. What are your opinions regarding the completeness, accuracy, and usefulness of the information that you have received for individual pupils as a result of their diagnostic evaluation at the Center?

3. Have you observed any differences in school adjustment and/or school progress for individual pupils that appear to be results of the recommendations made by the Center regarding placement, procedures, or special services? If so, briefly give some examples.

4. If you attended any of the in-service training sessions provided by the Center, indicate which sessions you felt were

    a. most beneficial to you.______________________________

    b. Least beneficial or of no benefit to you.________________

5. What kinds (if any) of in-service training sessions that could be provided next year do you feel would be most helpful to you in terms of understanding and dealing with the special problems of handicapped pupils in your school?

6. What kinds (if any) of consultation, information, or materials to help you determine and meet the needs of handicapped pupils in your school

   a. has the Center provided to you this year? ______________________

   ____

   b. would you like to receive from the Center next year? ____________

   ____

7. Include any further comments, suggestions for improvement, or other reactions that you wish about the above or any other phases of the Title III program with which you are familiar.

QUESTIONNAIRE TO SCHOOL NURSES FOR EVALUATION OF THE TITLE III PROJECT (PL 89-10)

1. Describe any problems or suggestions for improvement related to the referral process for referring handicapped pupils to the Special Education Diagnostic and Resource Center.

____

____

____

2. What are your opinions regarding the completeness, accuracy, and usefulness of the information that you have received for individual pupils as a result of their diagnostic evaluation at the Center?

____

____

____

3. If you attended any of the in-service training sessions provided by the Center, indicate which sessions you felt were

   a. most beneficial to you.______________________

   ____

   b. least beneficial or of no benefit to you.______________

   ____

4. What kinds (if any) of in-service training sessions that could be provided next year would be most helpful to you in terms of understanding and dealing with the special problems of handicapped pupils in your school?

____

____

5. Include any further comments, suggestions for improvement or other reactions that you wish about the above or other phases of the Title III program with which you are familiar.

____

____

QUESTIONNAIRE TO PARENTS FOR EVALUATION OF THE 1966-67 TITLE III PROJECT
(PL 89-10)

How would you rate the following items regarding the Special Education Diagnostic and Resource Center?

	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any
1. The information that you obtained as a result of your child's evaluation at the Center.						
2. Interviews with the Center's social worker.						
3. Information about available programs for your child.						
4. Counseling related to your child's special needs.						
5. Attitude and cooperation of the Center personnel.						
6. Special meetings or programs for parents.						
7. Services of a clinical psychologist or psychiatrist contracted by the Center.						
8. Medical services contracted by the Center.						

SEE OTHER SIDE

How would you describe the change in the following items since your child was referred to the Special Education Diagnostic and Resource Center?

	Much Improved	Improved	Improved Very Little	Not Improved	Worse Than Before
9. Your child's attitude toward school.					
10. Your child's attitude at home.					
11. Your child's progress at school.					
12. The teachers' understanding of your child's special needs.					

13. Does your child attend one of the special supplementary classrooms or his regular classroom?
SPECIAL____________ REGULAR____________

14. Do you feel that you were allowed to participate as much as you should in the formulation of your child's education plan?
YES__________ NO__________

15. Which of the experiences with the Center or services provided by the Center do you feel were

a. most beneficial to your child?______________________________

____

____

b. least beneficial to your child?______________________________

____

____

16. In what ways do you feel the services provided by the Center could be improved?

____

____

17. Please make any other comments that you would like.

____

____

QUESTIONNAIRE TO PRINCIPALS FOR EVALUATION OF THE 1966-67 TITLE III PROJECT
(PL 89-10)

How would you rate the following services provided by the Special Education Diagnostic and Resource Center in terms of their value in meeting the special needs of handicapped children in your school?

	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	No Experience With It
1. Diagnostic evaluation of pupils referred to the Center.						
2. Recommendations for placement following the evaluation.						
3. Recommendations for special procedures, techniques, or materials following evaluation.						
4. Parental involvement in formulating an educational plan for their handicapped child.						
5. Services provided for your teachers by the special art consultant.						
6. Services provided for your teachers by the special music consultant.						
7. Services provided for your teachers by the special physical education consultant.						
8. Services provided for your teachers by the special resource consultant.						
9. Special materials or equipment available to your teachers at the Center's resource library						
10. In-service training meetings & workshops held at the Center (or at your school by the Center staff)						

11. Before reading this questionnaire, were you aware that all of the above services are available to your pupils and teachers who have special educational problems? If so, how and when were you informed? If not, of which ones have you not been informed?

____

____

SEE OTHER SIDE

Write "none" for any of the following that your school has not received.

12. Which of the services of the special art consultant that your school has received do you feel were

    a. most beneficial? ______________________________

    ____

    b. least beneficial? ______________________________

    ____

    c. other comments. ______________________________

    ____

13. Which of the services of the special music consultant that your school has received do you feel were

    a. most beneficial? ______________________________

    ____

    b. least beneficial? ______________________________

    ____

    c. other comments. ______________________________

    ____

14. Which of the services of the special physical education consultant that your school has received do you feel were

    a. most beneficial? ______________________________

    ____

    b. least beneficial? ______________________________

    ____

    c. other comments. ______________________________

    ____

15. Which of the services of the special resource consultant that your school has received do you feel were

a. most beneficial? ____________________

____

b. least beneficial? ____________________

____

c. other comments. ____________________

____

16. What special materials or equipment from the resource library

a. have been most useful? ____________________

____

b. have not been available but would be useful if they were? ________

____

c. other comments. ____________________

____

17. Which of the in-service training programs and workshops that members of your staff attended were

a. most beneficial? ____________________

____

b. least beneficial? ____________________

____

c. other comments. ____________________

____

18. Are there any preventive, individualized, or mental health oriented materials or procedures in use in your classrooms that are results of training, consultation, materials, or equipment provided by the Center? If so, briefly describe some examples.

____

____

SEE OTHER SIDE

19. Describe the effects on the development of curriculum at your school (if any) of the services provided by the Center. Give some examples if possible.

____

____

____

20. List and describe any specific suggestions that you have for improvements in the Title III program.

____

____

____

____

21. Please include any other comments or reactions of yourself and others to this project that you care to.

____

____

____

____

____

____

QUESTIONNAIRE TO NON-TITLE III TEACHERS FOR EVALUATION OF THE 1966-67 TITLE III PROJECT (PL89-10)

How would you rate the following services provided by the Special Education Diagnostic and Resource Center?

	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	No Experience With It
1. Information that you received from the Center concerning individual children.						
2. The recommendations and educational plan formulated by the Center Staff for each child.						
3. Services provided by the art consultant.						
4. Services provided by the music consultant.						
5. Services provided by the resource consultant.						
6. Services provided by the physical education consultant.						
7. Materials and equipment from the resource library at the Center.						
8. In-service training provided by the Center						

Write "none" for any of the following that do not apply to you or your pupils. For items listed under "least beneficial" indicate whether you consider the item detrimental and/or whether you would recommend that particular service or part of it be discontinued.

9. What parts of the information, evaluation, and recommendations concerning individual pupils do you feel

   a. were most beneficial? ______________________________

   ____

   b. were least beneficial? ______________________________

   ____

SEE OTHER SIDE

10. Which of the services that you received from the art consultant do you consider

    a. the most beneficial? ____________________

    ____

    b. the least beneficial? ____________________

    ____

11. Which of the services that you received from the music consultant do you consider

    a. the most beneficial? ____________________

    ____

    b. the least beneficial? ____________________

    ____

12. Which of the services that you received from the physical education consultant do you consider

    a. the most beneficial? ____________________

    ____

    b. the least beneficial? ____________________

    ____

13. Which of the services that you received from the resource consultant do you consider

    a. the most beneficial? ____________________

    ____

    b. the least beneficial? ____________________

    ____

14. What materials or equipment from the resource library

    a. has been most useful? ____________________

    ____

    b. has not been available but would be useful if it were? __________

    ____

5. Which of the in-service programs that you attended do you feel

a. were most beneficial? ______________________________

____

b. were least beneficial? ______________________________

____

16. Before reading this questionnaire, were you aware that all of the above mentioned services are available to regular classroom teachers if they have a pupil who appears to have a learning disability or physical handicap? If so, how were you informed? If not, of which services were you unaware?

____

____

____

17. If you have a pupil who was formerly in your class, has been in a special Title III classroom, and has returned to your regular classroom, indicate what changes are evident in this pupil's

a. attitude toward you. ______________________________

____

b. attitude toward school. ______________________________

____

c. attitude toward self. ______________________________

____

d. ability to progress in school work. ______________________________

____

18. If you attended any of the in-service training programs or workshops at the Center, indicate which of those that you attended

a. were most beneficial. ______________________________

____

b. were least beneficial. ______________________________

____

SEE OTHER SIDE

19. What services that the Center is not now providing would be most helpful to you in dealing with special learning problems and handicapped pupils?

____

____

____

20. Describe any changes in curriculum and instruction at your school that you feel have resulted from training, materials, equipment, and/or consultation received through the Center.

____

____

____

____

21. Please include any other comments, suggestions for improvement, or reactions of yourself and others that you care to, regarding the Center and the services it provides.

____

____

____

____

____

22. Please indicate whether your classroom is a regular or special education classroom and what grade level (grade levels and subjects) that you teach.

____

____

____

QUESTIONNAIRE TO TITLE III SUPPLEMENTARY CLASSROOM TEACHERS FOR EVALUATION OF THE 1966-67 TITLE III PROJECT
(PL 89-10)

How would you rate the following services provided by the Special Education Diagnostic and Resource Center?

	Very Helpful	Helpful	Of Little Help	No Help	Detrimental	Did Not Receive Any
1. Information that you received from the Center concerning individual children.						
2. The recommendations and educational plan formulated by the Center staff for each child.						
3. Services provided by the art consultant.						
4. Services provided by the music consultant.						
5. Services provided by the physical education consultant.						
6. Services provided by the resource consultant.						
7. Materials and equipment from the resource library at the Center.						
8. In-service training provided by the Center.						

Write "none" for any of the following that do not apply to you or your pupils. For items listed under "least beneficial" indicate whether you consider the item detrimental and/or whether you would recommend that particular service or part of it be discontinued.

9. What parts of the information, evaluation, and recommendations concerning individual pupils do you feel

   a. were most beneficial? ____________________

   ____

   b. were least beneficial? ____________________

   ____

SEE OTHER SIDE

10. Which of the services that you received from the art consultant do you consider

    a. the most beneficial? ____

    ____

    b. the least beneficial? ____

    ____

11. Which of the services that you received from the music consultant do you consider

    a. the most beneficial? ____

    ____

    b. the least beneficial? ____

    ____

12. Which of the services that you received from the physical education consultant do you consider

    a. the most beneficial? ____

    ____

    b. the least beneficial? ____

    ____

13. Which of the services that you received from the resource consultant do you consider

    a. the most beneficial? ____

    ____

    b. the least beneficial? ____

    ____

14. What materials or equipment from the resource library

    a. has been most useful? ____

    ____

    b. has not been available but would be useful if it were? ____________

    ____

15. Which of the in-service programs that you attended do you feel

    a. were most beneficial? ______________________________

    ____

    b. were least beneficial? ______________________________

    ____

16. Do you feel the pupils in your classroom were properly placed? If not, explain.

    ____

    ____

17. Can the pupils in your classroom be phased into or back into the regular classroom? If so, how long would you estimate it will be before the first and the last of those presently in the class will be ready?

    ____

    ____

18. Do you feel you have the freedom and the support necessary to experiment with special methods and techniques? If so, very briefly describe a few of your experiments and if not, list some things you would like to do and indicate the kind of help you would need.

    ____

    ____

19. How have the following people reacted to your special Title III classroom and program?

    a. building principal ______________________________

    ____

    b. other teachers in your building ______________________________

    ____

    c. other pupils in your building ______________________________

    ____

    d. parents of the pupils in your class ______________________________

    ____

20. Please include any other comments, suggestions for improvement or reactions of yourself and others, that care to, regarding the Center or your classroom.

____

____

QUESTIONNAIRE TO STAFFING REACTORS FOR EVALUATION OF THE STAFFING PROCEDURE USED IN THE 1966-67 TITLE III PROJECT (PL 89-10)

	Very Poor	Poor	Fair	Good	Very Good
1. How would you rate the staffing procedure as a method for disseminating the results of a diagnostic evaluation and making recommendations to the receiving school personnel?					
2. How would you rate the staffings in which you were reactor as to the adequacy and accuracy of the diagnosis and evaluation for:					
a. classroom placement					
b. recommendations to receiving teacher					
c. recommendations to other personnel of the receiving school					
d. supportive services recommended such as art, music, physical education, special materials, etc.					

3. What were the major strengths (if any) of the staffings that you attended?

4. What were the major weaknesses (if any) of the staffings that you attended?

5. How would you suggest that the staffings be improved?

6. Other comments

APPENDIX B

RATING SCALES

RATING SCALES AND GUIDES FOR PUPILS IN THE TITLE III CLASSROOMS FOR TRAINABLE MENTALLY HANDICAPPED CHILDREN AND HEARING HANDICAPPED CHILDREN

The Research Department of the Wichita Public Schools in cooperation with the teacher of the supplementary classroom for trainable mentally handicapped children developed a rating scale and accompanying guide to be used by the teacher in evaluating the pupils in this class. An attempt was made to relate the scale as closely as possible to the actual curriculum that was planned for the class. The curriculum was considered in small components. Under word recognition, for example, ratings were given for each of several important words. The guide contains descriptions of five levels of performance for each item on the scale. Using the guide the teacher gave each pupil a rating on each item. The rating would be a number from one to five according to which of the five descriptions most nearly describes the pupil's performance.

A similar scale and accompanying guide was developed around the planned curriculum for pupils in the supplementary classrooms for hearing handicapped children. The teachers of these pupils felt that the desired performance described for items in the "arithmetic concepts" and "language development through speech elements" sections were not sequential in nature. Ratings of one to five were determined on these items according to the number of the described performances that each pupil could master for each item.

Name of Pupil____________________Date____________Rater__________________

I. PHYSICAL GROWTH AND DEVELOPMENT

A. Motor Development

RATING

1. Running
2. Jumping (1 foot at a time)
3. Hopping (2 feet together)
4. Skipping
5. Walk to side
6. Walk backwards
7. Jumping rope
8. Ball playing
   a. catching
   b. throwing
9. Tricycle
10. Bicycle
11. Rhythm instruments

B. Manipulative Development

1. Cutting
2. Finger painting
3. Woodworking
   a. hammering
   b. sawing
   c. screwdriver
4. Clay play
5. Writing tools
6. Needlework

C. Organized Games

1. Bowling
2. Dodge ball
3. Kick ball
4. Swimming
5. Softball
6. Basketball
7. Badminton
8. Relays
9. Hopscotch
10. Tennis
11. Follow the leader
12. Croquet
13. Horseshoes
14. Shuffleboard
15. Ring toss
16. Bean bag throw
17. Red light
18. Stoop tag

D. Musical Games and Rhythm

1. Rhythm band
2. Oh, Johnny, Oh
3. Virginia Reel
4. Ach Ja!
5. Skip to my Lou
6. I Put My Right Hand In
7. Clapping

RATING

8. Marching
9. Listening to records
10. Singing

II. SELF CARE

A. Personal Hygine

1. Care of nose and mouth when coughing or sneezing
2. Washing hands & face
3. Toilet education
4. Combing & brushing hair
5. Use of deodorant
6. Brushing teeth
7. Using soap
8. Shampooing & setting hair
9. Feminine hygiene
10. Appropriate makeup
11. Care of nails
12. Shaving
13. Care of bathroom equipment
14. Use & disposing tissues
15. Going to barber shop

B. Clothing

1. Dressing
   a. buttoning
      unbuttoning
   b. zipper up
      zipper down
   c. buckles
      unbuckle
   d. snaps
   e. shoe ties
      unties
   f. slipover garments on
      off
   g. socks on
      off
   h. overshoes on
      off
   i. shoes on
      off
   j. shirt or blouse on
      off
   k. pants or skirt on
      off
   l. mittens or gloves on
      off
   m. hat or scarf on
      off
2. Care of clothing
   a. hanging up clothing
   b. shinning shoes
   c. keeping clothes brushed

C. Eating RATING

1. Skills
    - a. spoon
    - b. fork
    - c. knife
    - d. drinking
    - e. passing food
    - f. helping self to food
    - g. using napkin
    - h. care of lunchbox
2. Personal manners
    - a. sitting quietyly at the table
    - b. waiting for others to be served
    - c. taking cookie or cracker nearest him
    - d. chews quietyly with lips closed
    - e. chews thoroughly not gulping food
    - f. waiting for others to be finished
    - g. pulls chair out
    - h. sits and pulls chair up to table
    - i. gives Thanks
    - j. use of please, thank you, and excuse me

D. Safety

1. In classroom
    - a. avoidance of sharp instruments
    - b. avoidance of hot stove or radiator
    - c. use of hot water
    - d. holding on to bannisters
    - e. using kitchen stove
    - f. using household appliances
    - g. non-edible substances
2. Out of doors
    - a. from car to school
    - b. crossing street
    - c. on playground
3. Outside the classroom in school building
4. Riding in an automobile
5. First aid for small cuts
6. Reads and understands signs
7. Telephoning Police
8. Telphoning in case of fire
9. Avoidance of unfamiliar persons or animals

III. COMMUNICATIVE ABILITIES

A. Listening and Speaking RATING

1. Auditory discrimination
2. Visual discrimination
3. Vocal abilitiy
4. Listening or oral language
5. Using telephone
    - a. talking
    - b. dialing
6. Peabody Language Kit
7. Group activities
    - a. field trips
    - b. plays
    - c. role playing
    - d. puppets
    - e. story telling
8. Conventional social patterns
    - a. please
    - b. thank you
    - c. greeting
    - d. introductions

B. Identification

1. Name
2. Address
3. Telephone number

C. Word Recognition

1. Own name
2. Own address
3. Own telephone
4. Classmates names
5. Names of colors
    - a. red
    - b. green
    - c. yellow
    - d. blue
    - e. orange
    - f. purple
    - g. white
    - h. black
    - i. brown
6. Names of numbers
    - a. one
    - b. two
    - c. three
    - d. four
    - e. five
    - f. six
    - g. seven
    - h. eight
    - i. nine
    - j. ten

7. Informational words	RATING
a. ladies	
b. gentlemen	
c. girls	
d. boys	
e. women	
f. men	
g. rest room	
h. toilet	
i. washroom	
j. exit	
k. lounge	
l. in	
m. out	
n. on	
o. off	
p. up	
q. down	
r. bus	
s. fire	
t. eggs	
u. milk	
v. mail	
w. water	
x. soap	
y. salt	
z. candy	
aa. school	
bb. sugar	

8. Safety words	
a. stop	
b. go	
c. walk	
d. wait	
e. look	
f. listen	
g. R.R. or railroad	
h. keep out	
i. poison	
j. enter	
k. crosswalk	
l. wet paint	
m. danger	
n. quiet	

9. Days of the week	
a. Sunday & Sun.	
b. Monday & Mon.	
c. Tuesday & Tues.	
d. Wednesday & Wed.	
e. Thursday & Thurs.	
f. Friday & Fri.	
g. Saturday & Sat.	

10. Months	RATING
a. January	
b. February	
c. March	
d. April	
e. May	
f. June	
g. July	
h. August	
i. September	
j. October	
k. November	
l. December	

D. Writing	
1. Writing symbols	
2. Writing information	
3. Writing numbers	

E. Number, time and money concepts	
1. Number concept	
2. Time	
3. Money	
a. recognition	
b. making change	

IV. SOCIAL ADJUSTMENT

A. Group Participation	
1. Group singing	
2. Parties	
3. Cleanup after activities	
B. Consideration of Others	
C. Respect for Property Rights.	
D. Reverence Toward Religion	

E. Sharing	
1. Playgound and school equipment	
2. Work responsibility	

4 OF 4

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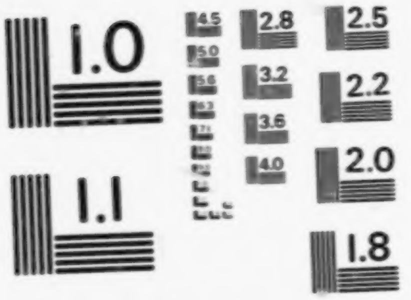

MICROCOPY RESOLUTION TEST CHART

NATIONAL BUREAU OF STANDARDS-1963-A

V. WORK SKILLS AND HABITS RATING

A. Care of Equipment and Materials
- 1. Putting away toys, tools, or materials
- 2. Handling breakable things
- 3. Conservation of utilities
- 4. Care of books, and school supplies
- 5. Care of household equipment
  - a. broom and mop
  - b. vacuum cleaner
  - c. floor polisher
- 6. Care of kitchen equipment
  - a. mixer
  - b. small appliances
  - c. large appliances

B. Meals
- 1. Preparation for meals
  - a. placing plates, silverware
  - b. placing napkins
  - c. placing salad plate, glasses and cups
- 2. Serving
  - a. bringing food to table
  - b. clearing the table
  - c. scraping
  - d. stacking
  - e. washing dishes
  - f. drying dishes
  - g. proper placement in cupboard
- 3. Preparation of food
  - a. salads
  - b. simple desserts
  - c. cooked cereals
  - d. toast
  - e. cooking bacon
  - f. cooking hamburgers
  - g. using mixer
  - h. using garbage disposal
  - i. planning a menu

C. Cleaning
- 1. Picking up things
- 2. Dusting
- 3. Sweeping
  - a. broom
  - b. vacuum cleaner
- 4. Mopping
- 5. Wasing floors
- 6. Cleaning bathroom
- 7. Bedmaking
- 8. Washingwindows

D. Care of Clothing RATING
- 1. Gathering up clothes
- 2. Sorting clothes
- 3. Laundry
  - a. washing small articles by hand
  - b. using washer
  - c. using dryer
  - d. hanging out clothes
  - e. folding clothes & putting away
- 4. Sewing
  - a. mending
  - b. buttons
  - c. darning
  - d. hems
- 5. Ironing
  - a. sprinkling and starching
  - b. flat pieces
  - c. simple clothing

E. Home Responsibilities or Odd Jobs
- 1. Yard work
  - a. planting
  - b. watering
  - c. sweeping walks and porch
  - d. shoveling snow
  - e. raking leaves
- 2. Child care
- 3. Washing car
- 4. Cleaning garage
- 5. Changing tires
- 6. Care of bicycles
- 7. Care of pets
- 8. Errands
  - a. letters
  - b. groceries
- 9. Folding and stuffing envelopes
- 10. Stapling paper material
- 11. Delivering hand bills

VI. LEISURE TIME ACTIVITIES

A. Listening and Viewing Activities	RATING
1. Films and filmstrips	
2. Operating record player	
3. Movies	
4. Telling familiar stories	
5. Listening to stories	
6. Television	
7. Spectator sports	
8. Picture books or magazines	
9. Listening to music	
10. Reading simple stories	

B. Art Activities	
1. Coloring	
2. Using paste	
3. Simple painting	
4. Clay projects	
5. Paper mache'	
6. Simple weaving	
7. Simple sculpture (paper, wire, etc.)	
8. Simple sewing (sewing cards, buttons)	
9. Molding and painting Plaster Paris objects	
10. Woodworking	

C. Music Activities	
1. Group singing	
2. Dancing	
3. Rhythm activities	
4. Playing a musical instrument	

D. Sports and Games	
1. Individual sports and exercising	
2. Active group and team games	
3. Quiet group games	
4. Puzzles	
5. Outdoor activities	

Name of Pupil______________________________Date__________Rater________________________

I. SENSE TRAINING	RATING
A. Auditory	
1. Use of hearing aid	
a. putting it on	
b. adjusting vol. control	
c. inserting ear molds	
2. Awareness of sound	
a. music	
b. voices	
c. airplanes	
d. telephones	
e. thunder	
f. horns	
g. animal noises	
h. drum	
i. loud toys	
j. squeal of hearing aid	
B. Visual	
1. Observation	
2. Imitation	
3. Attention	
4. Concentration	
5. Memory	
6. Reasoning	
7. Discrimination	
C. Tactile	
1. Observation	
2. Imitation	
3. Attention	
4. Concentration	
5. Memory	
6. Reasoning	
7. Discrimination	

II. SOCIALIZATION	
A. Sharing	
1. Toys	
2. Teacher	
3. Other	
B. Following Rules	
1. Walking in line	
2. Keeping quiet	
3. Staying in chair or play area	
4. Keeping hands to self	
5. Safety rules	

II. SOCIALIZATION (Cont.)	RATING
C. Responsibility	
1. Completing a task	
2. Room duties	
3. Respects others property	
4. Caring for desk and materials	
5. Care of clothing	
a. ties shoes	
b. hangs coat	
6. Taking care of hearing aid	
7. Caring for personal needs	

III. BASIC LEARNING SKILLS	
A. Manipulative Development	
1. Cutting	
2. Drawing	
3. Coloring	
4. Finger painting	
5. Clay or dough	
6. Pasting	
7. Bead stringing	
8. Pegs	
9. Cars, trucks and trains (toys)	
10. Tops	
11. Block building	
12. Puzzles	
a. two piece	
b. three piece	
c. five piece or more	
d. non-insert	
B. Matching	
1. Shapes	
a. objects	
b. geometric shapes	
2. Size	
3. Colors	
a. with the same color	
b. with the spoken name	
c. with the printed name	
4. Numbers	
a. 1 - 5	
b. pictured groups	
c. symbols	

III. BASIC LEARNING SKILLS (CONT.)

C. Vocal Skills	RATING
1. Voice quality	
2. Articulation	
3. Syllabication	
4. Phrasing	
5. Rhythm	
6. Accent	
7. Inflection	
8. Pitch and intonation	
9. Spontaneity	
10. Fluency	

D. Reading	
1. Peabody Kit	
2. Reading readiness	

E. Reading Texts	
1. Scott-Foresman Pre-Primer	
2. Open Court Lessons 1-8	
3. Open Court Lessons 9-12	

F. Writing Readiness	
1. Figures	
a. vertical line	
b. horizontal line	
c. circle	
d. square	
e. retangle	
f. triangle	
g. diamond	
2. Alphabet	

G. Arithmetic Concepts	
1. Quantity	
a. numbers	
b. size	
c. time	
2. One or 1	
3. Two or 2	
4. Three or 3	
5. Four or 4	
6. Five or 5	
7. Six or 6	
8. Seven or 7	
9. Eight or 8	
10. Nine or 9	
11. Ten or 10	

H. Arithmetic Texts	
1. Primer	
2. Book one	

I. Lipreading and Speech Vocabulary	
1. Verbs	
a. speech	
b. lipreading	

I. Lipreading and Speech Voc. (Cont.)	RATING
2. Comands	
a. speech	
b. lipreading	
3. Foods	
a. speech	
b. lipreading	
4. Things to wear	
a. speech	
b. lipreading	
5. People	
a. speech	
b. lipreading	
6. Parts of the body	
a. speech	
b. lipreading	
7. Weather	
a. speech	
b. lipreading	
8. Adjective	
a. speech	
b. lipreading	
9. Expressions	
a. speech	
b. lipreading	
10. Calender	
a. speech	
b. lipreading	
11. Toys	
a. speech	
b. lipreading	
12. Animals	
a. speech	
b. lipreading	
13. Things out doors	
a. speech	
b. lipreading	
14. Places to go	
a. speech	
b. lipreading	
15. Things we use	
a. speech	
b. lipreading	
16. Rooms	
a. speech	
b. lipreading	
17. Furniture	
a. speech	
b. lipreading	

-3-

IV. LANGUAGE DEVELOPMENT THROUGH SPEECH ELEMENTS

A. Speech Elements

	RATING
1. wh	
2. p-	
3. -p	
4. t^1h	
5. f	
6. s	
7. ar	
8. oo^1	
9. t-	
10. -t	
11. m	
12. or	
13. -u-	
14. k-	
15. t^2h	
16. aw	
17. b-	
18. -b	
19. ee	
20. l	
21. -a-	
22. i-e	
23. w-	
24. n	
25. -d	
26. r-	
27. u-e	
28. -e-	
29. o-e	
30. g-	
31. -g	
32. oi	
33. v	
34. y-	
35. ur	
36. -o-	
37. OO^2	
38. thr	
39. -i-	
40. a-e	
41. sh	
42. x	
43. z	
44. h-	
45. -ng	
46. ch	
47. qu	
48. zh	
49. i	

B. Vocabulary Learned from Speech Elements

	RATING
1. A tooth	
2. A mouth	
3. A thumb	
4. A car	
5. A cow	
6. A fork	
7. Father	
8. Mother	
9. An arm	
10. An eye	
11. A boy	
12. The sun	
13. A girl	
14. A ball	
15. A man	
16. Some pie	
17. Some water	
18. I	
19. You	
20. Fell	
21. Bowed	
22. Ran	
23. Saw	
24. Got	
25. Good Bye	
26. I know	
27. I thought	
28. One	
29. A top	
30. A sheep	
31. Some soup	
32. A shoe	
33. A tie	
34. A fish	
35. A book	
36. A box	
37. A house	
38. Threw	
39. Found	
40. Gave	
41. Ate	
42. We	
43. Me	
44. He	
45. She	
46. The moon	
47. A doll	
48. Some candy	

IV. LANGUAGE DEVELOPMENT THROUGH SPEECH ELEMENTS

C. Language Concepts	No	Yes
1. Who		
2. What		
3. What do (verb)		
4. How many		
5. What color		
6. When		
7. Where		
8. What kind		
9. How		
10. Whose		
11. Which one		
12. Simple sentence		
13. Question form		
14. Statement form		